

**APPENDIX C – GRIEVANCE FORM**

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GRIEVANCE FORM**

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>UPTÉ<br/>GRIEVANCE<br/>FORM</b>                                                                                                                                                                                                                               | Allegations of a violation of Agreement in effect between the University and UPTÉ must be filled in on this form. See your Agreement for details regarding the filing of a grievance. PLEASE PROVIDE THE INFORMATION REQUESTED IN ACCORDANCE WITH ARTICLE 10, GRIEVANCE PROCEDURE OF THE <input type="checkbox"/> TECHNICAL, <input type="checkbox"/> RESEARCH SUPPORT PROFESSIONALS, AND ARTICLE 8 FOR THE <input type="checkbox"/> HEALTH CARE PROFESSIONALS UNIT AGREEMENT. A separate grievance form is required for grievances occurring in each unit. <u>If you wish to file a grievance or want more information about possibly filing a grievance, please contact your local UPTÉ representative. Refer to: <a href="http://www.upte-cwa.org/contacts/index.html">http://www.upte-cwa.org/contacts/index.html</a> or call: 1-510-704-8783 (UPTÉ).</u> |                                                                                          |                                                 |
| GRIEVANT'S NAME                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR                                                  |                                                 |
| CAMPUS/MEDICAL CENTER/LABORATORY                                                                                                                                                                                                                                 | DEPARTMENT/DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | WORK TELEPHONE                                  |
| EMPLOYEE CLASSIFICATION TITLE                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT                         |                                                 |
| EMPLOYEE EMPLOYMENT STATUS<br><input type="checkbox"/> Career/Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Full Time<br><input type="checkbox"/> Casual/Temporary <input type="checkbox"/> Per Diem <input type="checkbox"/> Part Time |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          | GRIEVANT'S NORMAL HOURS OF WORK                 |
| IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                 |
| REPRESENTATIVE'S NAME                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | REPRESENTATIVE'S ORGANIZATION                                                            | REPRESENTATIVE'S TELEPHONE NUMBER               |
| REPRESENTATIVE'S NON-WORK ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                 |
| TYPE OF GRIEVANCE: <input type="checkbox"/> INDIVIDUAL<br><input type="checkbox"/> GROUP (LIST ALL GRIEVANTS)<br><input type="checkbox"/> UNION (MUST BE SIGNED BY<br>—THE PRESIDENT OR DESIGNEE)                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SPECIFIC ARTICLE(S) & SECTION(S) OF THE CONTRACT<br>ALLEGED TO BE VIOLATED:<br><br>_____ |                                                 |
| DATE OF ACTION CAUSING GRIEVANCE<br><br>____/____/____                                                                                                                                                                                                           | DATE OF INFORMAL DISCUSSION WITH SUPERVISOR<br><br>____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          | DATE OF INFORMAL RESPONSE<br><br>____/____/____ |
| ALLEGED VIOLATION OF AGREEMENT                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                 |
| REMEDY REQUESTED                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                 |
| GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          | DATE                                            |

**APPENDIX  
C  
GRIEVANCE  
FORM  
GRIEVANCE REVIEW -- STEP 1**

|                                                                                                                  |                                              |                  |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------|
| DATE STEP 1 GRIEVANCE RECEIVED BY UC                                                                             | DATE OF UC RESPONSE                          |                  |
| STEP 1 DECISION                                                                                                  |                                              |                  |
| SIGNATURE OF STEP 1 REVIEWER                                                                                     | PRINTED NAME AND TITLE OF STEP 1 REVIEWER    | TELEPHONE NUMBER |
| <input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THE STEP 1 RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW) | GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE | DATE             |
| SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFERENT THAN SUBJECT OF GRIEVANCE AT STEP 1.                                |                                              |                  |

**GRIEVANCE REVIEW -- STEP 2**

|                                                                                                                 |                                              |                                           |                                                                               |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------|
| DATE STEP 2 APPEAL POSTMARKED/HAND-DELIVERED                                                                    | DATE STEP 2 APPEAL RECEIVED BY UC            | DATE OF UC RESPONSE                       | DECISION ATTACHED <input type="checkbox"/><br>YES <input type="checkbox"/> NO |
| SIGNATURE OF STEP 2 REVIEWER                                                                                    |                                              | PRINTED NAME AND TITLE OF STEP 2 REVIEWER |                                                                               |
| <input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THE STEP 2 RESPONSE TO THE THIRD STEP (STATE SUBJECT BELOW) | GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE | DATE                                      |                                                                               |
| SUBJECT OF GRIEVANCE AT STEP 3, IF ANY ISSUE(S) OF GRIEVANCE AT STEP 2 HAS BEEN RESOLVED.                       |                                              |                                           |                                                                               |

**GRIEVANCE REVIEW -- STEP 3**

|                                              |                                   |                                           |                                                                               |
|----------------------------------------------|-----------------------------------|-------------------------------------------|-------------------------------------------------------------------------------|
| DATE STEP 3 APPEAL POSTMARKED/HAND-DEKUYERED | DATE STEP 3 APPEAL RECEIVED BY UC | DATE OF UC RESPONSE                       | DECISION ATTACHED <input type="checkbox"/><br>YES <input type="checkbox"/> NO |
| SIGNATURE OF STEP 3 REVIEWER                 |                                   | PRINTED NAME AND TITLE OF STEP 3 REVIEWER |                                                                               |