



AP 5530

YUBA COMMUNITY COLLEGE DISTRICT
Statement of Grievance

Within fifteen days of the occurrence of an adverse action--and after having attempted to resolve the problem by an informal conference with the immediate supervisor and the appropriate Dean – a person may prepare this form and submit it to the Grievance Officer who shall hear the complaint and render a written decision within five days of the filing of this form.

-please print-

NAME OF GRIEVANT _____ DATE _____

ADDRESS _____
Street # or PO Box # City State Zip Code

RESIDENTIAL TELEPHONE # _____
ANY OTHER TELEPHONE NUMBER WHERE YOU MAY BE REACHED _____

I WISH TO GRIEVE that (fully state the nature of grievance, completely identifying individuals involved, dates of occurrences, etc.):

STATE FULL RELIEF, REMEDY, or ACTION YOU BELIEVE IS REQUIRED TO RESOLVE THIS GRIEVANCE: (Attach additional sheet(s) if necessary)

If there is anyone else who could provide more information regarding this grievance, please list names, addresses, and telephone numbers:

NAME ADDRESS TELEPHONE

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Complainant

Grievance received for College

Signature of Appropriate Grievance Officer

Date

(Return a copy to the grievant and file a copy with the President)

RESPONSE OF COLLEGE OFFICIAL

To: _____
Name of Grievant

Date

Street # or PO Box #

City

State

Zip Code

As a proposed resolution to your grievance on _____, the Yuba Community College District intends to:

Signature of Grievance Officer

(CHECK ONE)

If this proposal is objectionable to you, you may send your objections, in written form of your own choosing to the College President.

Or you can request a hearing before the Grievance Hearing Committee by completing the “Request for a Grievance Hearing Form” and returning this form to the Grievance Officer.

**1-10-06;
REVISED 11-06-07**