

Personal Information:	
Name	
Work Site	
Home Mailing Address	
Work Phone	
Home Phone	
Cell Phone	
Grievance Information:	
What is today's date?	
Date of Incident	
Approximate Time	
Give a summary of the incide	nt(s) leading to the grievance:
What sections of the contract have been violated (if known)?	

Do you know of any similar violations or persons who are in similar positions on your campus. If so, please provide the names and dates and as much information as you are able about the previous incidents.
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What relief are you seeking? You should clearly state what you desire the administration to do. (Please note: the Association cannot file a grievance unless this portion of the form is completed.)
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