

# GRIEVANCE FORM

## UNIVERSITY OF CALIFORNIA, BERKELEY AND ALAMEDA COUNTY BUILDING AND CONSTRUCTION TRADES COUNCIL

NAME OF GRIEVANT: LAST                      FIRST                      MI			GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY):
GRIEVANT JOB TITLE:	GRIEVANT DEPARTMENT:	NAME OF GRIEVANT SUPERVISOR:	
REPRESENTATIVE'S NAME:			REPRESENTATIVE'S PHONE NUMBER:
TYPE OF GRIEVANCE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (LIST ALL NAMES IN ATTACHMENT) <input type="checkbox"/> UNION		SPECIFIC ARTICLE(S) & SECTION(S) OF THE UC/ACBCTC AGREEMENT ALLEGED TO BE VIOLATED	
DESCRIPTION OF THE ALLEGED VIOLATION OF THE AGREEMENT. PLEASE DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES (INCLUDING DATES) THAT EXPLAIN HOW THE ARTICLE(S) AND SECTION(S) WERE VIOLATED. (ATTACH SEPARATE SHEET OF PAPER IF NEEDED.)			
REMEDY REQUESTED:			
GRIEVANT'S SIGNATURE:			DATE:
RESPRESENTATIVE'S SIGNATURE (IF REPRESENTED):			DATE:

The completed grievance form shall be sent to [grieve@berkeley.edu](mailto:grieve@berkeley.edu).