GRIEVANCE FORM

UNITED FACULTY OF MIAMI-DADE COLLEGE

Faculty Name: ____________________________  Case No. ____________________________

Faculty Member's Home Address: ____________________________________________________________

Work Phone: ____________________________  Home Phone: ____________________________

Dept.: ____________________________  Campus: ____________________________

Immediate Supervisor's Name: ____________________________________________________________

Immediate Supervisor’s Phone: ____________________________  Office Room Loc: ____________

1. Employee’s Statement of Grievance: Describe the event or omission giving rise to the grievance (attach additional paper if necessary):
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

2. Date of Event/Occurrence (or First Knowledge of Same):
   ____________________________

3. Specify the Article(s), Section(s) and Subsection(s) of the contract which is/are violated:
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

4. What is the remedy or relief sought?
   ______________________________________________________________________________
   ______________________________________________________________________________

5. Check One: ________ Individual Grievance  ________ UFMD Grievance

Faculty Signature: ____________________________  Date: ____________________________

Distribution
Vice Provost, Chair/Supervisor, Union Headquarters, Grievance Chair, Member, Union Representative

Form #1