

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 _____ UFMDC Grievance

Faculty Signature: _____ Date: _____

Distribution

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