CALIFORNIA MILITARY INSTITUTE Grievance No._____ 20____-20____

GRIEVANCE FORM – LEVEL I

Level I: Within fifteen (15) days after the occurrence of the act or omission giving rise to the grieven, or after the grievant knew or reasonably should have known of such act or omission, if the grievant desires to pursue the matter further, the grievant must present his.her grievance in writing on the appropriate form to his/her immediate supervisor.

Submission of Complaint: All portions of this section must be completed by the grievant.

EMPLOYEE: _____ JOB TITLE:_____

UNION REPRESENTATIVE: _____ DATE: _____

STATEMENT OF GRIEVANCE:

SPECIFY ARTICLE ALLEGED TO HAVE BEEN VIOLATED (CITE SOURCE):

REMEDY REQUESTED:

_____ _____

SIGNATURE: DATE:

IMMEDIATE SUPERVISOR'S RESPONSE:

_____ _____

SIGNATURE: DATE: