



CSUEU Employee Grievance/Complaint Form

UNION: California State University Employees Union Check appropriate Unit(s) 2 5 7 9 Other _____

EMPLOYER: California State University

CSU Case # _____ CSUEU Case # _____

Name(s): _____ E-Mail Address: _____

Classification(s): _____

Work Phone: (____) _____ Home Phone: (____) _____ Fax: (____) _____

Campus: _____ Department: _____

Home Address: _____ City: _____ Zip: _____

CSUEU Representative: _____ Representative Phone: (____) _____

Representative Mailing Address: _____ City: _____ Zip: _____

Date of informal discussion: _____
(Optional)

Grievance:

Date of Filing Level I: _____

Complaint:

Date of Filing Level II: _____

Date of Filing Level III: _____

Alleged violation(s):

Cite specific contract section(s) allegedly violated, if a grievance: _____

Cite specific policy and/or rule allegedly violated, if a complaint: CAMPUS WIDE SYSTEM WIDE

Nature of the problem: (Please provide clear and concise statements, including names, dates, places, and times.)

Proposed solution: _____

Employee's Signature: _____ Date: _____

(Please attach additional pages if necessary)

Copy to Employee Copy to CSUEU Steward Copy to Labor Relations Representative

Copy to CSUEU Headquarters, 1129 10th Street, Sacramento, CA 95814-9956

