UC/UAW GRIEVANCE FORM

Allegations of a violation of the UC/UAW Agreement must be filed on this form. See the relevant UC/UAW Agreement for details regarding the filing of a grievance. Forms must be submitted to the applicable Labor Relations Office, as applicable. Pursuant to section 3567 of HEERA, UC shall not agree to resolution of the grievance until the UAW has received a copy of the grievance and the proposed resolution and has been given the opportunity to file a response. **YOU MUST PROVIDE THE INFORMATION MARKED WITH AN ASTERISK (*) IN ACCORDANCE WITH THE GRIEVANCE AND ARBITRATION PROCEDURE OF THE UC/UAW AGREEMENT, OR IT MAY BE INELIGIBLE FOR FURTHER PROCESSING.**

GRIEVANT'S NAME * | **GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY)**

LAST **FIRST** **MI**

BARGAINING UNIT CLASSIFICATION TITLE* | **GRIEVANT'S HIRING UNIT/DEPARTMENT *** | **GRIEVANT'S EMAIL ADDRESS**

NAME, TITLE, AND TELEPHONE NUMBER OF GRIEVANT'S IMMEDIATE SUPERVISOR | **NON-UNIVERSITY ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT [REPRESENTATIVE'S ADDRESS MAY BE USED] ***

REPRESENTATIVE'S NAME (IF REPRESENTED) * | **REPRESENTATIVE'S ORGANIZATION (IF APPLICABLE) *** | **REPRESENTATIVE'S NON-UNIVERSITY TELEPHONE NUMBER**

REPRESENTATIVE'S MAILING ADDRESS, CITY, STATE, ZIP | **REPRESENTATIVE'S EMAIL ADDRESS**

TYPE OF GRIEVANCE:

- ☐ **INDIVIDUAL**
- ☐ **GROUP (LIST ALL NAMES)**
- ☐ **UNION**

SPECIFIC ARTICLE(S) & SECTION(S) OF THE UC/UAW AGREEMENT ALLEGED TO BE VIOLATED*

DATE OF ALLEGED VIOLATION(S)* | **DATE OF INFORMAL DISCUSSION WITH SUPERVISOR, IF ANY** | **DATE OF INFORMAL RESPONSE, IF ANY** | **ARE YOU REQUESTING A GRIEVANCE MEETING?** ☐ **YES** ☐ **NO**

DESCRIPTION OF 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**

REPRESENTATIVE'S SIGNATURE (IF REPRESENTED) | **DATE**