



Mt. San Jacinto Community College
Grievance Form
Article VE-Level II

A COPY OF THE COMPLETE GRIEVANCE FORM MUST BE ATTACHED ALONG WITH THE DECISION.

EMPLOYEE INFORMATION

EMPLOYEE'S NAME

EMPLOYEE ID

EMPLOYEE'S POSITION

EMPLOYEE'S DEPARTMENT

EMPLOYEE'S ADDRESS

APPEAL TO SUPERINTENDENT/ PRESIDENT OR DESIGNEE

STATEMENT OF APPEAL

REMEDY SOUGHT

REMEDY SOUGHT

EMPLOYEE'S SIGNATURE AND DATE

SUPERINTENDENT/ PRESIDENT OR DESIGNEE'S RESPONSE

RESPONSE

RESPONSE OF SUPERINTENDENT/ PRESIDENT OR DESIGNEE

DATE OF RESPONSE