APPENDIX L

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
ADMINISTRATIVE GRIEVANCE

In accordance with Chapter XVI of the Foothill-De Anza Community College District Administrators Handbook, an administrator wishing to file a formal grievance must complete this form and present it to the immediate supervisor of the person occasioning the grievance. If the president is the person accused of occasioning the grievance, the grievant will submit this form to the Chancellor. A copy of Chapter XVI of the Administrators Handbook is attached to this form.

Name: ____________________________________________

Position Title: ______________________________________

Location: FH DA CS District Phone #: ________ Date: ___________

Supervisor: ___________________________ Title: ________________

Statement of Grievance:

1. Please state your grievance. (Be specific regarding dates, times, etc.):
__________________________________________________________________________
__________________________________________________________________________

2. Identify the specific District policy (Policy # or Handbook Chapter) that was violated, misinterpreted, or misapplied to you. __________________________________________
__________________________________________________________________________

3. Explain in what manner you have been treated unfairly or adversely affected by the violation, misinterpretation or misapplication of the specific District policy identified in #1:
__________________________________________________________________________
__________________________________________________________________________

4. Is this grievance brought against a specific individual? If yes, who is the grievance brought against?
Notice of Administrative Grievance

**Informal Resolution:** Before filing a formal, written grievance, the grievant must attempt to resolve the grievance by an informal conference with the person directly involved or occasioning the grievance. Please explain your attempt to resolve this grievance informally:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Proposed Remedy:** Please state the remedy you propose that would resolve this grievance:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Grievant’s Signature: ____________________________ Date: ______

________________________________________________________________________

**Response:** Level I _____ Level II _____ Level III _____ Level IV _____

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Respondent’s Signature: ____________________________ Date: ______