**X-G1**

# X-G1 STEP ONE COMPLAINT

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| For Board Use: |
| Year: |
| Board No.: |

**TO PRESIDENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GRIEVANT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (last) (first) (middle)

**WORK AREA**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE(S) OF ALLEGED CONTRACT VIOLATION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Grievance (State all known facts pertaining to the alleged breach on which the grievance is based. All evidence supporting your claim must be attached hereto. If additional space is needed, please attach additional pages, appropriately captioned.):

**Specific Contract Provisions Alleged to Have Been Violated:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remedy Requested:**

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address (include zip code)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone

cc: Dennis Fitzgerald, MCCC Grievance Coordinator, 2 ½ Coltin Drive, Newburyport, MA 019*5*0

Consultant for Higher Education/MCCC-DAY, MTA, 2 Heritage Drive, 8th Floor, Quincy, MA 02171

(optional address) President’s Designee, c/o of College Human Resources Department

N.B. This complaint must be filed within 30 calendar days..