

Form DCE-G1

DIVISION OF CONTINUING EDUCATION
STEP ONE GRIEVANCE

For the Board: _____

Year: _____

Board No.: _____

TO: HUMAN RESOURCE OFFICE _____

GRIEVANT: _____

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:

Signature

Date

Home Address (include zip code)

Telephone

cc: President of the College
Joseph Rizzo, MCCC DCE Grievance Coordinator, Grievance-DCE@mccc-union.org
MTA Consultant for Higher Education, MCCC/MTA, mtaconsultant@mccc-union.org

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