APPENDIX A (FORM G-1)

UNIVERSITY OF THE DISTRICT OF COLUMBIA

UDCFA/NEA FACULTY GRIEVANCE FORM

This Form is to be filled Out in Its Entirety

GRIEVANT(S):_____ **FILING DATE_____**

DEPARTMENT_____ **COLLEGE_____**

HOME ADDRESS_____ **PHONE_____**

OFFICE ADDRESS_____ **PHONE_____**

EMAIL ADDRESS_____

NAME AND TITLE OF PERSON TO WHOM THE GRIEVANCE IS SUBMITTED_____
_____

STEP AT WHICH GRIEVANCE IS BEING FILED:_____

STATEMENT OF GRIEVANCE

CONTRACTUAL PROVISIONS ALLEGED TO HAVE BEEN VIOLATED: _____

_____

NARRATIVE [Include a short factual description of the circumstances giving rise to the grievance]:

REMEDY SOUGHT:

AUTHORIZATION: (If desired)

I (WE) HEREBY AUTHORIZE UDCFA/NEA TO ACT AS REPRESENTATIVE IN PROCESSING THIS GRIEVANCE.

SIGNATURE: _____ DATE: _____

REPRESENTATIVE'S SIGNATURE _____ DATE _____

I (WE) UNDERSTAND THAT BY DECLINING TO BE REPRESENTED BY UDCFA/NEA I (WE) ASSUME ALL RESPONSIBILITY FOR ANY AND ALL EXPENSES I (WE) MAY INCUR