



# CSUEU Employee Grievance/Complaint Form

UNION: California State University Employees Union Check appropriate Unit(s) 2 5 7 9 Other \_\_\_\_\_

EMPLOYER: California State University

CSU Case # \_\_\_\_\_ CSUEU Case # \_\_\_\_\_

Name(s): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Classification(s): \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

CSUEU Representative: \_\_\_\_\_ Representative Phone: (\_\_\_\_) \_\_\_\_\_

Representative Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of informal discussion: \_\_\_\_\_  
(Optional)

Grievance: ☐

Complaint: ☐

Date of Filing Level I: \_\_\_\_\_

Date of Filing Level II: \_\_\_\_\_

Date of Filing Level III: \_\_\_\_\_

Alleged violation(s):

Cite specific contract section(s) allegedly violated, if a grievance: \_\_\_\_\_

Cite specific policy and/or rule allegedly violated, if a complaint: ☐ CAMPUS WIDE ☐ SYSTEM WIDE

Nature of the problem: (Please provide clear and concise statements, including names, dates, places, and times.)

Proposed solution: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please attach additional pages if necessary)

☐ Copy to Employee ☐ Copy to CSUEU Steward ☐ Copy to Labor Relations Representative

☐ Copy to CSUEU Headquarters, 120 K Street, 2nd Floor - Sacramento, CA 95814

# Formal Grievance/Complaint Responses

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Level I: Appropriate Administrator's Response: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Level II: President's Response: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Level III: Office of the Chancellor's Response: \_\_\_\_\_

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Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_