

**THE CALIFORNIA STATE UNIVERSITY  
GRIEVANCE FORM  
UNIT 3**

Name: \_\_\_\_\_ Date of Submission to Campus: \_\_\_\_\_  
Classification: \_\_\_\_\_ Name of CFA Contact or other  
Department or Representative: \_\_\_\_\_  
Equivalent Unit: \_\_\_\_\_ Address of CFA Contact or other Representative:  
Campus: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Election: Pursuant to Article 10.6 of the CFA/CSU Agreement, the grievant(s) elect(s) that the procedure under which this grievance shall be processed will be:**

A: the **Contractual Procedure**

*If no election made, the grievance shall automatically be processed under the contractual procedure.*

B: the **Statutory Procedure** (Faculty Hearing Committee)

*Unless accompanied by Authorized CFA Signature, CFA has not agreed to representation.*

Authorized CFA Signature: \_\_\_\_\_; CFA agrees to representation.

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**Claimed Violation(s)**

Term or terms of agreement alleged violated, misapplied or misinterpreted (provision number or numbers) for **Contractual Procedure**. Or any rights alleged violated in connection with his/her job classification, benefits, working conditions, appointment, reappointment, tenure, promotion, reassignment, or the like, including but not limited to rights arising under the agreement for **Statutory Procedure**.

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Brief description of the grounds of the grievance including names, dates, places, times, etc., necessary for complete understanding):

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Proposed remedy:

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

IMPORTANT NOTE: The collective bargaining agreement requires that all grievances be filed by:

1. Personal Delivery,
2. Certified Mail, with Return Receipt, or
3. Electronically (email or fax) with scanned, signed copy.

CSU responses shall be provided to: (a) grievant(s); (b) CSU Campus Relations and Dispute Resolution, Office of the Chancellor, 401 Golden Shore, 4<sup>th</sup> Floor, Long Beach, California 90802-4210; and (c) CFA, 1110 K Street, CA 95814.

**LEVEL OF FILING**

Level I – (Statutory and Contractual Grievances) Date: \_\_\_\_\_

25-day Informal Resolution Request

Level II – (C.O. – Contractual Grievances only) Date: \_\_\_\_\_

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Response:

Level I  Level II