

**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: \_\_\_\_\_

**Email** Address of CFA Contact or other

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

Representative: \_\_\_\_\_

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)

*CFA is not the representative of record in a statutory grievance unless indicated by email authorization. Unless accompanied by Authorized CFA Signature, CFA has not agreed to representation.*

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

**Claimed Violation(s)**

Please list the Collective Bargaining Agreement terms or other source(s) of rights alleged to be violated, misapplied, or misinterpreted.

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**.

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

Proposed remedy:

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, [laborrelations@calstate.edu](mailto:laborrelations@calstate.edu) 401 Golden Shore, 4<sup>th</sup> Floor, Long Beach, California 90802-4210; and (c) CFA, [facultyrights@calfac.org](mailto:facultyrights@calfac.org) 1110 K Street, Sacramento, 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: \_\_\_\_\_

Response: \_\_\_\_\_ Level I  Level II