

GRIEVANCE REPORT FORM

Distribute this form at each step to the following:

- 1. Chancellor
- 2. College president or vice president
- 3. Immediate supervisor
- 4. Human Resources Office (receives original signed copy)
- 5. AHE
- 6. Grievant

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Marketing and Public Relations

Date

Date____

Grievant's signature

AHE representative's signature _____

C. Date received by the college president or vice president	
D. Disposition by the college president or vice president* [within fifteen (15) working days]	
Signature of the college president or vice president	
E. Date received by the AHE	
F. Position of the grievant and the AHE* [within ten (10) days]	
☐ Step I—answer satisfactory ☐ Step II—review desired	
AHE representative's signature	Date
STEP II	
A. Date received by the chancellor or her/his designee	
B. Disposition by the chancellor or her/his designee* [within fifteen (15) working da	ys]
Chancellor's signature	Date
C. Date received by the AHE	
D. Position of the grievant and the AHE* [within twenty-five (25) working days]	
☐ Step II—answer satisfactory ☐ Arbitration requested**	
AHF representative's signature	Date

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^{*} Add additional page if necessary
** Requires signature of the AHE president or designee