Colby Community College Formal Grievance Form for Faculty and Staff

Contact Information		
Name (Please Print)		
Home Address	Home Phone Number	
Department	Office Telephone Number	
Reason for Grievance		
 Sexual Harassment / Discrimination Appeal of Reprimands Appeal of Disciplinary Actions 	Arbitrary, Capricious, or Oppressive Treatment pertaining to application of benefits, terms and conditions of employment.	
Details of Grievance		
Dates of alleged incidents/actions:		
Witness(es), if any:		
Witness One		
Witness Two		
Witness Three		
Who is the grievance against?		
Name	Department	
Name	Department	

Description of Grievance (attach additional information if necessary)		
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What action has been taken?		
Requested action to be taken?		
of the CCC Constitution and Bylaws to conduct inquiri- investigation/resolution of this grievance. I understand to applicable CCC officials in order to acquire sufficient in activities that may be required relative to CCC's responsions whatever information may be obtained with respect to this	C officials pursuant to the procedures established in Article 11 es or investigation procedures as needed with respect to the that information regarding my grievance may be shared with information about the investigation as well as any follow-up e to my grievance. I also authorize the CCC officials to use is grievance in any legal or formal grievance proceedings that we read the above grievance and that it is true to the best of my	
Signature Date	Affirmative Action Officer or Designee Date	

Colby Community College is an Equal Opportunity/Affirmative Action Institution.

PLEASE TAKE COMPLETED FORM TO OFFICE OF VICE PRESIDENT OF STUDENT AFFAIRS.