

*From: Grievance Procedures for Teaching Faculty, Librarians & Academic Counselors with Rank, PR-2534.1B, dated December 17, 1996.*

### **Forms**

Problem Solving at the Immediate Supervisor Level (Form 2534/001)

Respondent's Problem Solving Response Form (Form 2534/002)

Problem Solving at the Intermediate Supervisor Level (Form 2534/003)

Problem Solving at the Vice President Level (Form 2534/004)

Request for Grievance Hearing (Form 2534/005)

Notice of Grievance Committee Selection (Form 2534/006)

Respondent's Response to Hearing Request (Form 2534/007)

Notice of Grievance Committee's First Meeting (Form 2534/008)

Review of Request for Grievance Hearing (Form 2534/009)

Notice to Appear at Grievance Hearing (Form 2534/010)

List of Witnesses/Parties Called to Be Present At Grievance Hearing (Form 2534/011)

Grievance Committee's Report of Findings and Recommendations (Form 2534/012)

Grievance Outcome Appeal to the President (Form 2534/013)

**DELGADO COMMUNITY COLLEGE**  
**Step 1: Informal Problem Solving at the Immediate Supervisor Level**  
**Meeting Summary Form**

Purpose of this form: If an employee has met with his/her immediate supervisor regarding an alleged violation of College policy and procedure or a problem affecting his/her working conditions, and the employee is not satisfied with the result of that meeting, the employee requests that his/her Intermediate Supervisor conduct a meeting with the employee and respondent(s) to discuss the problem. This form is completed by the employee and submitted to the Intermediate Supervisor, with copies to the respondent(s), to request the Step 2 meeting. Additional pages and/or documentation may be attached, if needed.

Date of Step 1 Meeting with Immediate Supervisor: : \_\_\_\_\_

Name of Employee Requesting Meeting with Intermediate Supervisor: \_\_\_\_\_

Dept./Division: \_\_\_\_\_

Name of Employee's Immediate Supervisor: \_\_\_\_\_

Name of Person(s) the Employee has Identified as Respondent(s): \_\_\_\_\_

Employee Identifies the Problem:

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Employee Defines College Policy or Procedures Allegedly Violated or Applied in an Inequitable or Discriminatory Fashion or Work-Related Problem:

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Employee Defines the Facts Which Demonstrate the Above:

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\_\_\_\_\_  
Signature of Employee Requesting Step 2 Meeting

\_\_\_\_\_  
Date

**DELGADO COMMUNITY COLLEGE  
Respondent's Problem Solving Response Form**

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

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_

Intermediate Supervisor

College Title

Office Phone Number

\_\_\_\_\_ (name of employee) has requested a meeting to discuss the attached alleged problem (see attached copy of Form 2534/001) and has identified you as a respondent.

To provide me with your response to these allegations, complete the following and bring it with you to the meeting on \_\_\_\_\_ (date) at which time we will discuss the problem. Additional pages and/or documentation may be attached, if needed.

**\*\*\*\*\* To Be Completed by Respondent \*\*\*\*\***

Your Response to the Employee's Identification of the Problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Response to the Employee's Definition of College Policy and Procedures Which Were Allegedly Violated or Applied in an Inequitable or Discriminatory Fashion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Response to the Employee's Representation of the Facts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent's Signature

Date

*(Copy of Form 2534/001 must be attached.)*

**DELGADO COMMUNITY COLLEGE**  
**Step 2: Formal Problem Solving at the Intermediate Supervisor Level**  
**Meeting Summary Form**

Purpose of this form: *If an employee requests a meeting with his/her Intermediate Supervisor to discuss an alleged violation of College policy and procedure or a problem affecting his/her working conditions which was previously discussed with his/her Immediate Supervisor (Step 1), the Intermediate Supervisor calls a meeting with the employee and the respondent(s). To document the discussion, this form is completed and signed by all parties involved at the end of the Step 2 meeting. Additional pages and/or documentation may be attached, if needed.*

Date of Step 2 Meeting with Intermediate Supervisor: \_\_\_\_\_

Name of Employee Requesting Step 2 Meeting : \_\_\_\_\_

Dept./Division: \_\_\_\_\_

Name of Intermediate Supervisor: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Name of

Respondent(s): \_\_\_\_\_

Steps Recommended by the Intermediate Supervisor to Remedy the Problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I recommend the remedy listed above.*

\_\_\_\_\_  
Signature of Intermediate Supervisor

\_\_\_\_\_ *I accept the recommended remedy.* (Or) \_\_\_\_\_ *I disagree for the following reason(s):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Requesting Meeting

\_\_\_\_\_ *I accept the recommended remedy.* (Or) \_\_\_\_\_ *I disagree for the following reason(s):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Respondent

*(Copy of completed forms 2534/001 and 2534/002 must be attached to this form.)* Form 2534/003

**DELGADO COMMUNITY COLLEGE**  
**Step 3: Formal Problem Solving at the Vice President Level**  
**Meeting Summary Form**

Purpose of this form: *If an employee requests that the appropriate Vice President review an alleged violation of College policy and procedure or a problem affecting his/her working conditions which was previously discussed with his/her Immediate Supervisor (Step 1) and his/her Intermediate Supervisor (Step 2), the Vice President meets with the Intermediate Supervisor and discusses a solution. As a result of that meeting (Step 3), the Vice President uses this form to make recommendations and attaches copies of forms documenting Step 1 and 2.*

Date of Step 3 Meeting of Vice President and Intermediate Supervisor: \_\_\_\_\_

Name of Employee Requesting Step 3 Meeting: \_\_\_\_\_

Dept./Division: \_\_\_\_\_

Name of Intermediate Supervisor: \_\_\_\_\_

Name of

Respondent(s): \_\_\_\_\_

**Steps Recommended by the Vice President to Remedy the Problem:**

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*I recommend the remedy listed above.*

\_\_\_\_\_  
Signature of Vice President

\_\_\_\_\_ *I accept the recommended remedy. (Or) \_\_\_\_\_ I disagree for the following reason(s):*

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\_\_\_\_\_  
Signature of Employee Requesting Meeting

\_\_\_\_\_ *I accept the recommended remedy. (Or) \_\_\_\_\_ I disagree for the following reason(s):*

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\_\_\_\_\_  
Signature of Respondent

*(Copies of completed forms 2534/001, 2534/002, and 2534/003 must be attached to this form.)*

**DELGADO COMMUNITY COLLEGE**  
**Request for Grievance Hearing**

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**PART A:** *(Part A to be completed by the Grievant and submitted to the Grievance Officer, within three (3) working days after Step 2 or Step 3. The Grievance Officer will in turn call a meeting of the grievant and respondent(s) to select a Grievance Committee for this specific grievance.)*

Date: \_\_\_\_\_  
Name of Grievant Requesting Hearing: \_\_\_\_\_  
Department/Division: \_\_\_\_\_  
Name of Respondent(s): \_\_\_\_\_

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**PART B:** *(Part B to be completed by the Grievant, and submitted to the Grievance Officer, prior to or at the meeting at which the Grievance Committee is selected.)*

I request a grievance hearing on the following issues and I recommend the following remedies.

**Specific, Grievable Issue(s):** (If more than one, number each issue.)

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**Define College Policy or Procedures Allegedly Violated or Applied in an Inequitable or Discriminatory Fashion or a Problem Affecting Working Conditions:** *(Identify the number of the issue for each policy/procedure, as applicable.)*

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**Define the Facts Which Demonstrate the Above:**

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**Specific, Recommended Step(s) to Remedy the Problem:** *(Number each if more than one.)*

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\_\_\_\_\_  
Signature of Employee Requesting Hearing

**DELGADO COMMUNITY COLLEGE**  
**Notice of Grievance Committee Selection**

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

To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_ Grievance Officer

\_\_\_\_\_ College Title

\_\_\_\_\_ Office Phone Number

You are hereby notified that \_\_\_\_\_ (name of grievant) has officially requested a grievance hearing in regard to the attached alleged grievance and has identified

\_\_\_\_\_ as the respondent(s).

The first step in response to this request will be to select a Grievance Committee from the College's Grievance Pool.

Grievance Committees are selected by lot, by the Grievance Officer, with the grievant and respondent(s) present. The selection of the Grievance Committee will take place:

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

Time: \_\_\_\_\_

Place: \_\_\_\_\_

To select a Grievance Committee, it is required that the grievant and respondent(s) are present. If you request an alternative method of selection, it must be agreed upon by the Grievance Officer, grievant, and respondent(s).

If you have any questions, you may contact me at the phone number listed above.

\_\_\_\_\_  
Grievance Officer's Signature

*(Copy of completed form 2534/005 must be attached.)*

**DELGADO COMMUNITY COLLEGE**  
**Respondent's Response to Grievance Hearing Request**

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

To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

Grievance Officer

College Title

Office Phone Number

\_\_\_\_\_ (name of grievant) has officially requested a grievance hearing in regard to the alleged grievance (as defined on attached Form 2534/005) and has identified you as a respondent.

To provide the Grievance Review Committee with your response to these allegations, complete the following and return it to my office by \_\_\_\_\_ (within five working days of the date on this form.)

\*\*\*\*\* *PART A: To Be Completed by Respondent* \*\*\*\*\*

**Your Response to the Employee's Grievable Issue(s) and the College Policy and Procedures Which Were Allegedly Violated or Applied in an Inequitable or Discriminatory Fashion or Work-Related Problem:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Response to the Employee's Representation of the Facts and Suggested Remedy:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

*(Continued on Back)*

*(Copy of completed form 2534/005 must be attached.)*

Form 2534/007 (front)



\*\*\*\*\* *PART B: To Be Completed by Grievant, If Desired (Optional)* \*\*\*\*\*

**Your Reaction to the Respondent's Response in Part A:**

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\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
date

**DELGADO COMMUNITY COLLEGE**  
**Notice of Grievance Committee's First Meeting**

To: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
Grievance Officer \_\_\_\_\_ College Title \_\_\_\_\_  
Office Phone Number \_\_\_\_\_

You are hereby notified of the first meeting of the Grievance Committee relative to a grievance alleged by \_\_\_\_\_ (name of grievant) who has identified \_\_\_\_\_  
\_\_\_\_\_ as the respondent(s).

You have been identified as a/the (check one):

\_\_\_\_\_ grievant \_\_\_\_\_ respondent \_\_\_\_\_ committee member

All committee members are required to be present at this meeting. Neither the respondent nor the grievant will be present at the meeting. If they are requested to appear, they will be notified.

For your information, the Committee's first meeting is scheduled for the following:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Place: \_\_\_\_\_

**DELGADO COMMUNITY COLLEGE**  
**Review of Request for Grievance Hearing**

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

Grievant's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Title: \_\_\_\_\_

The Grievance Committee has met to review the request by the above grievant for a hearing on the alleged grievance. The Committee has determined the following: *(Attach additional pages if necessary.)*

\_\_\_\_\_ The Committee agrees that a grievance exists (as defined in Section 4 of Policy and Procedures Memorandum PR-2534.1B), and makes the following recommendation(s) to solve the grievance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The Committee approves the request for a hearing. (The Committee determines that a specific provision(s) of official College policy and procedures may have been violated or applied in an inequitable fashion or that a work-related problem may exist.) A hearing is necessary to discuss the issues listed below. (No other issues will be discussed at the hearing.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note the following:

1. All parties involved will receive notification of the date, time and place of the hearing.
2. The grievant and respondent(s) are required to be present at the hearing.
3. You have a right to have witnesses/parties called to be present at the hearing. Witnesses/parties called to be present must be limited to members of the College community (faculty, staff and/or students). To have witnesses/parties called, you must submit Form 2534/011 to the Committee Chair within three (3) working days of the date on this form.

\_\_\_\_\_ The Committee denies the request for a hearing. (The Committee determines that the following provision(s) of official College policy and procedure clearly was not violated or applied in an inequitable or discriminatory fashion or a work-related problem clearly does not exist, as explained below.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Committee Chair: \_\_\_\_\_

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

Signature of Committee Members: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(Copies of completed forms 2534/005, and 2534/007 must be attached.)*

Form 2534/009 (front)

\*\*\*\*\* *To Be Completed By Grievant* \*\*\*\*\*

\_\_\_\_\_ I accept the Committee's recommendation(s).

\_\_\_\_\_ I do not accept the Committee's recommendation(s) and I understand that this rejection of the recommendation(s) will result in a full hearing.

\_\_\_\_\_ I am appealing the denial of a hearing to the President. (Attach Grievance Outcome Appeal to the President Form, Form 2534/013.)

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

**DELGADO COMMUNITY COLLEGE**  
**Notice to Appear at Grievance Hearing**

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

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
Grievance Officer \_\_\_\_\_ College Title \_\_\_\_\_  
Office Phone Number \_\_\_\_\_

You are hereby notified to appear at a hearing on a grievance alleged by \_\_\_\_\_  
\_\_\_\_\_ (name of grievant) who has identified \_\_\_\_\_  
\_\_\_\_\_ as the respondent(s).

You have been identified as a/the \_\_\_\_\_ (grievant, respondent, witness, etc.)  
in this grievance process and your presence is required at the hearing.

The hearing is scheduled for the following:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Place: \_\_\_\_\_

Information for the grievant and respondent(s):

1. You may request a postponement of the hearing, in writing, within three (3) working days of this notification if you have a valid reason (for example, scheduled vacation, away on College business, or a prior commitment are unable to rearrange.) The postponement may not be longer than ten (10) working days from the date of the originally scheduled hearing.
2. It is recommended that you consult the College's official grievance policy in regard to how grievance hearings are conducted.
3. You have a right to have witnesses/parties called to be present at the hearing. Witnesses/parties called to be present at the hearing must be limited to members of the College community (faculty, staff and/or students). To request witnesses/parties to be called to be present at the hearing, you should submit Form 2534/011 to the Committee Chair within three (3) working days of the date on this notice.

If you have any questions, you may contact me at the phone number listed above.

\_\_\_\_\_  
Grievance Officer's Signature

Form 2534/010

**DELGADO COMMUNITY COLLEGE**  
**List of Witnesses/Parties Called to Be Present At Grievance Hearing**

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

To: \_\_\_\_\_ Grievance Officer

From: \_\_\_\_\_ (Check one: \_\_\_\_\_ Grievant \_\_\_\_\_ Respondent)

Re: Grievance Hearing regarding: \_\_\_\_\_ Grievant: \_\_\_\_\_  
Respondent(s): \_\_\_\_\_

I would like to request that the following person(s) be called to be present at the hearing scheduled to discuss the grievance between the parties listed above.

<u>Person Requested</u>	<u>Affiliation with the College</u>	<u>Role of this Person at the Hearing</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature

*Received By:*

\_\_\_\_\_  
Signature of Committee Chair

\_\_\_\_\_  
Date

**DELGADO COMMUNITY COLLEGE**  
**Grievance Committee's Report of Findings and Recommendations**

Committee Chair should send completed original of this form to the President within ten (10) working days after hearing, with a copy of completed form 2534/007 attached.

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

To: \_\_\_\_\_ (President)

From: Grievance Committee

\_\_\_\_\_ (Chair) \_\_\_\_\_ (Member)  
\_\_\_\_\_ (Member) \_\_\_\_\_ (Member)  
\_\_\_\_\_ (Member)

Re: Grievance Hearing on \_\_\_\_\_ (date of hearing)

Grievant: \_\_\_\_\_ / Respondent(s): \_\_\_\_\_

We issue the following findings and recommendations in regard to the grievance hearing mentioned above. (Use additional pages if necessary; additional pages must be attached.)

\_\_\_\_\_ A finding that the complaint is not justified (that no provision of official College policy and procedure has been violated or applied in an inequitable or discriminatory fashion or that no significant work-related problem exists) and recommend that all charges be dismissed. The following is a justification supporting this decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Concurrence with the grievant (that a provision of official College policy and procedures has been violated or applied in an inequitable or discriminatory fashion or that a significant work-related problem exists). The following includes (1) a justification supporting this decision which includes the specific provisions violated or applied in an inequitable or discriminatory fashion; and (2) specific recommendations for solving the grievance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Committee Chair's Signature

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Member's Signature

(Note: President's Response on Back Page)

Form 2534/012 (front)

----- **For Use by President Only** -----

*President should send original of completed final report and all attachments to the Grievance Officer with copies of the form to the Committee Chair, the Grievant and the Respondent(s) within five (5) working days after receiving Committee's findings and recommendations.*

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

Re: Grievance Hearing on \_\_\_\_\_ (date of hearing)  
Grievant: \_\_\_\_\_ Respondent(s): \_\_\_\_\_

\_\_\_\_\_ I accept the Committee's findings and will take the Committee's recommended step(s) to remedy the situation.

\_\_\_\_\_ I accept the Committee's findings and will modify the Committee's recommended step(s) to remedy the situation. The following is the modified recommendations: (Use additional pages if necessary; additional pages must be attached.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I deny the Committee's findings, for the following explicit reasons, and will take the following recommended step(s) to remedy the situation. (Use additional pages if necessary; additional pages must be attached.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Date



**DELGADO COMMUNITY COLLEGE**  
**Grievance Outcome Appeal to the President**

*A grievance appeal should be made within ten (10) working days after receiving the Grievance Committee's Report. A copy of the appropriate report that is being appealed--the Review of Request for Grievance Hearing (Form 2534/009) or the Grievance Committee's Report of Findings and Recommendations (Form 2534/012)--must be attached.*

Date: \_\_\_\_\_  
Name of Grievant Requesting Appeal: \_\_\_\_\_  
Department/Division: \_\_\_\_\_  
Name of Respondent(s): \_\_\_\_\_

I request an appeal of the grievance report, as attached. The following states the specific reasons as to why the decision and/or recommendations are not acceptable to me.

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\_\_\_\_\_  
Signature of Grievant Requesting Appeal

----- ***For Use By the President Only*** -----

\_\_\_\_\_ I uphold the grievance report and will not accept the appeal of the decision for the following reasons.

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\_\_\_\_\_ I accept the appeal, for the following specific reasons, and I recommend the following course of action to remedy the situation.

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\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
date

*President should send original of appeal form and all attachments to the Grievance Officer with copies sent to the Vice President, the Committee Chair, the Grievant and the Respondent(s) within five (5) working days after receiving the appeal form.*