



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 the "Definitions" Section of the College's [Faculty Grievance Procedures policy](#)) 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: _____

***** **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 Chancellor. (Attach Grievance Outcome Appeal to the Chancellor Form, Form 2534/013.)

Signature of Grievant

Date