

STATE-UUP  
CONTRACT GRIEVANCE FORM  
STEP 1

Employees are referred to Article 7 of the applicable Agreement between the State of New York and United University Professions which describes the grievance procedure in detail.

TO BE COMPLETED BY GRIEVANT OR GRIEVANT'S REPRESENTATIVE:

Name of Grievant: \_\_\_\_\_

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

College: \_\_\_\_\_

Department, office or other unit: \_\_\_\_\_

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

Date when grievance first occurred: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Provision(s) of Agreement involved: Article \_\_\_\_\_ § \_\_\_\_\_

Statement of Grievance: (use additional sheets if required)

Remedy sought:

Date submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
(Signature of aggrieved employee)

I shall represent myself.

I am represented by UUP.

\_\_\_\_\_  
(Name of representative)

THIS MUST BE USED TO FILE A GRIEVANCE PURSUANT TO ARTICLE 7 OF THE APPLICABLE AGREEMENT BETWEEN THE STATE OF NEW YORK AND UNITED UNIVERSITY PROFESSIONS.

**CHECK TO MAKE SURE ALL INFORMATION REQUIRED BY THE AGREEMENT (ARTICLE 7.3) HAS BEEN PROVIDED AND MAIL THIS FORM TO YOUR COLLEGE PRESIDENT BY CERTIFIED OR REGISTERED MAIL, RETURN RECEIPT REQUESTED. ALL CORRESPONDENCE CONCERNING THIS MATTER WILL BE SENT TO YOU AT YOUR HOME ADDRESS UNLESS YOU REQUEST THAT IT BE MAILED TO SOME OTHER LOCATION.**

\_\_\_\_\_  
Date received by College President \_\_\_\_\_; by \_\_\_\_\_