

North Central State College Faculty Association  
American Association of University Professors

Grievance Form

(to be filed with the appropriate Dean within 15 days of incident or knowledge of event.)

Date of Submission: \_\_\_\_\_

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

Preferred Mailing Address: \_\_\_\_\_

Department: \_\_\_\_\_

Signature of Grievant (required): \_\_\_\_\_  
*name* *date*

Name of AAUP Representative: \_\_\_\_\_

Signature of AAUP Representative: \_\_\_\_\_  
*name* *date*

Provision of Contract Violated: \_\_\_\_\_

\_\_\_\_\_

Proposed Solution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grounds for the Grievance: (brief narrative of actions by administrative officers that are in violation of the CBA between NCSC and NCSFA-AAUP): \_\_\_\_\_

\_\_\_\_\_

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