Form DCE-G1

DIVISION OF CONTINUING EDUCATION
STEP ONE GRIEVANCE

For the Board: _____

Year: _____

Board No.: _____

TO: IMMEDIATE SUPERVISOR _____

GRIEVANT: _____

WORK AREA: _____

DATE(S) OF ALLEGED CONTRACT VIOLATION: _____

Statement of Grievance (State all known facts pertaining to the alleged breach on which the grievance is based. All evidence supporting your claim must be attached hereto. If additional space is needed, please attach additional pages, appropriately captioned.):

_____
Specific Contract Provisions Alleged to Have Been Violated:

_____
Remedy Requested:

_____
Signature Date

_____
Home Address (include zip code)

_____
Telephone

cc: President of the College
Joseph Rizzo, MCCC DCE Grievance Coordinator, 44 Governor Dinsmore Road, Windham, NH, 03087
Miles B. Stern, MTA Consultant for Higher Education, MCCC/MTA, 20 Ashburton Place, Boston, MA 02108.
College Human Resources Office

N.B. This complaint must be filed within 30 days.