Appendix E.2 GRIEVANCE – LEVEL II Cabrillo College Federation of Teachers

Grievant's Name	
Grievant's Name If CCFT is the grievant, list bargaining unit member(s) affected Address:	
Work phone:	Home phone:
Department/Division:	
Immediate Supervisor:	
Person to whom Level II response should be sent:	
Copy of Level I Grievance attached	
Statement of reasons for appeal:	
Grievant's Signature:	Date:
Date of scheduled personal conference:	
Level II Decision:	
Signature of Superintendent/President:	Date: