
VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
761 East Daily Drive, Suite 200, Camarillo, California 93010

VCCCD – AFT GRIEVANCE FORM

College _____

Date _____

Faculty Member's Name _____

Area of Assignment _____

Represented by _____ **Title** _____

Immediate Supervisor _____ **Title** _____

Statement of Grievance

Specific Section of Agreement In Contention

Requested Remedy

Faculty Member's Signature _____ **Date** _____

Supervisor's Response

Supervisor's Signature _____ **Date** _____

Step I _____ **Disposition** _____

Step II _____ **Disposition** _____

Step III _____ **Disposition** _____

Step IV _____ **Disposition** _____

Step V _____ **Disposition** _____

White – Personnel Office

Canary – President's Office

Goldenrod – Employee

Green – AFT

Pink – Immediate Supervisor