

**APPENDIX D**

<p align="center"><b>UPTE HEALTH CARE PROFESSIONALS UNIT GRIEVANCE FORM</b></p>	<p>Allegations of a violation of the Health Care Professionals Agreement in effect between the University and UPTE must be filled in on this form. See your Agreement for details regarding the filing of a grievance. <b>PLEASE PROVIDE THE INFORMATION REQUESTED IN ACCORDANCE WITH ARTICLE 8, GRIEVANCE PROCEDURE OF THE HEALTH CARE PROFESSIONALS UNIT AGREEMENT.</b></p>	
<p><b>GRIEVANT'S NAME</b></p>		<p><b>NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR</b></p>
<p><b>CAMPUS / MEDICAL CENTER / LABORATORY</b></p>	<p><b>DEPARTMENT / DIVISION</b></p>	<p><b>WORK TELEPHONE</b></p>
<p><b>EMPLOYEE CLASSIFICATION TITLE</b></p>	<p><b>NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO GRIEVANT</b></p>	
<p><b>EMPLOYEE EMPLOYMENT STATUS</b>           ___ Career/Regular ___ Probationary ___ Full Time ___ Casual/Temporary          ___ Per Diem ___ Part Time</p>		<p><b>GRIEVANT'S NORMAL HOURS OF WORK</b></p>
<p><b>IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:</b></p>		
<p><b>REPRESENTATIVE'S NAME</b></p>	<p><b>REPRESENTATIVE'S ORGANIZATION</b></p>	<p><b>REPRESENTATIVE'S TELEPHONE NUMBER</b></p>
<p><b>REPRESENTATIVE'S NON-WORK ADDRESS, CITY, STATE, ZIP</b></p>		
<p><b>TYPE OF GRIEVANCE:</b>           ___ INDIVIDUAL ___ GROUP (LIST ALL GRIEVANTS)           ___ UNION (MUST BE SIGNED BY THE PRESIDENT OR DESIGNEE)</p>	<p><b>SPECIFIC ARTICLE(S) &amp; SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED:</b></p>	
<p><b>DATE OF ACTION CAUSING GRIEVANCE</b>           ____ / ____ / ____</p>	<p><b>DATE OF INFORMAL DISCUSSION WITH SUPERVISOR</b>           ____ / ____ / ____</p>	<p><b>DATE OF INFORMAL RESPONSE</b>           ____ / ____ / ____</p>
<p><b>ALLEGED VIOLATION OF AGREEMENT</b></p>		
<p><b>REMEDY REQUESTED</b></p>		
<p><b>GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE</b></p>		<p><b>DATE</b></p>

**APPENDIX D**

**GRIEVANCE REVIEW -- STEP 1**

DATE STEP 1 GRIEVANCE RECEIVED BY UC:		DATE OF UC RESPONSE:	
STEP 1 DECISION			
SIGNATURE OF STEP 1 REVIEWER		PRINTED NAME AND TITLE OF STEP 1 REVIEWER	
		TELEPHONE NUMBER	
___ I DO NOT ACCEPT AND APPEAL THE STEP 1 RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW)		GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	
		DATE	
SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFERENT THAN SUBJECT OF GRIEVANCE AT STEP 1.			

**GRIEVANCE REVIEW -- STEP 2**

DATE STEP 2 APPEAL POSTMARKED/HAND-DELIVERED	DATE STEP 2 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED ___ YES ___ NO
SIGNATURE OF STEP 2 REVIEWER		PRINTED NAME AND TITLE OF STEP 2 REVIEWER	
___ I DO NOT ACCEPT AND APPEAL THE STEP 2 RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW)		GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	
		DATE	
SUBJECT OF GRIEVANCE AT STEP 3, IF ANY ISSUE(S) OF GRIEVANCE AT STEP 2 HAS BEEN RESOLVED.			

**GRIEVANCE REVIEW -- STEP 3**

DATE STEP 3 APPEAL POSTMARKED/HAND-DELIVERED	DATE STEP 3 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED ___ YES ___ NO
SIGNATURE OF STEP 3 REVIEWER		PRINTED NAME AND TITLE OF STEP 3 REVIEWER	