

**APPENDIX A**

**D'YOUVILLE COLLEGE - AAUP  
Agreement Grievance Form**

**TO BE COMPLETED BY GRIEVANT OR REPRESENTATIVE:**

Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Title: \_\_\_\_\_

Date when grievance first occurred: \_\_\_\_\_

Provision(s) of Agreement allegedly violated:

Article \_\_\_\_\_

Section \_\_\_\_\_

Page \_\_\_\_\_

Statement of Grievance (use additional sheets if required):

Remedy sought (use additional sheets if required):

\_\_\_\_\_  
Signature of Aggrieved Party

**THIS FORM MUST BE USED TO FILE A GRIEVANCE  
PURSUANT TO ARTICLE IV OF THE COLLECTIVE  
BARGAINING AGREEMENT BETWEEN D'YOUVILLE  
COLLEGE AND THE D'YOUVILLE COLLEGE CHAPTER OF  
AAUP.**

Date received by President's Office: \_\_\_\_\_

By: \_\_\_\_\_