

CUE GRIEVANCE FACT-FINDING SHEET

DATE / /	EMPLOYEE'S NAME	NAME OF EMPLOYEE'S IMMEDIATE SUPV		
CAMPUS/MEDICAL CENTER/ LABORATORY IRVINE _____ UCIMC _____ 200 Bldg _____		DEPARTMENT/DIVISION		
HEAD OF THE DEPARTMENT		EMPLOYEE CLASSIFICATION TITLE		
WORK TELEPHONE	HOME TELEPHONE	CELL PHONE		
WORK E-MAIL		PERSONAL E-MAIL		
DATE EMPLOYEES STARTED WORKING IN THE DEPARTMENT / /		DATE EMPLOYEES STARTED WORKING FOR THE UNIVERSITY/HOSPITAL/ LABORATORY / /		
NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO EMPLOYEE			EMPLOYEES REGULAR WORK HOURS _____ TO _____	
DATE OF INCIDENT / /	WHERE DID IT OCCUR?	NATURE OF INCIDENT (use back of page if necessary)		
WHO WAS INVOLVED?		NAME(S) OF WITNESSES		

OFFICE USE ONLY

<i>Procedure</i>	<i>Response Due Date</i>	<i>Actual Date of Response</i>	<i>Meeting Date</i>
Date grievance filed <i>(within 30 days of incident)</i>	NA	NA	NA
Date of UC response to Grievance <i>(UC to respond within 15 days date grievance filed)</i>			
Date CUE requests step 1 meeting <i>(CUE must request step 1 or will automatically go to step 2)</i>			
Date of step 1 meeting <i>(UC must set up within 15 days of request.)</i>			
Date of step 1 appeal to step 2 <i>(CUE must appeal 15 days from response to step 1 meeting.)</i>			
Date of step 2 meeting <i>(UC must set date 15 days from step 1 appeal to step 2 by CUE)</i>			
Date of UC response to step 2 <i>(UC must respond to step 2 meeting within 15 days of the meeting)</i>			
Step 3 appeal <i>(CUE must appeal step 2 decision within 15 days of step 2 response)</i>			
UC Response <i>(UC must respond to step 3 in 30 days)</i>			
Appeal to arbitration <i>(CUE must appeal within 30 days of step 2 response from UC)</i>			

Note: If UC fails to meet any deadline then you can notify HR that you wish to move to the next step. They must comply.