

BYLAWS OR CODE GRIEVANCE – SECTION M

Instructions: This form must be filed with the grievant's unit administrator within 14 calendar days following the act or omission giving rise to the grievance or following the first time the grievant knew or should have known of the act or omission, if that is later.

Date Filed		Date of Violation	
First Name		Last Name	
Title		Department	
Home Address			Phone
City		State	Zip

NATURE OF THE GRIEVANCE

Please provide a concise but complete statement of the act or omission of the TMCC Bylaws or NSHE Code which gave rise to your grievance. Please include the date on which you first became aware of the violation.

Complete Description of Act or Omission (attach additional pages as needed)

SPECIFIC PROVISIONS

Specific provision(s) of the TMCC Bylaws or NSHE Code you believe have been violated

REMEDY SOUGHT

Remedy Sought

Grievant Signature

Date

--	--