



Grievance No.

# University Staff Grievance Form

**Grievance Step - Check one**

1	2	3A	3B	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Grievant:

Department:

Hours of Work:

Grievant's Email/Phone:

Interpreter Assistance? Yes:            No:            Language:

Grievant's Mailing Address:

Division:

Policy, rule, regulation or specific action alleged to be contrary to University Policy:

**Use the portion below to describe the nature of the grievance and the remedy requested.**

**ACTION BEING GRIEVED:** (Provide a brief description of the alleged act about which the grievance is being filed. Include a statement that indicates how the alleged act is a violation of a University policy, rule, or procedure.)

Date of the alleged act or when grievant became aware of the act being grieved:

**RESOLUTION REQUESTED:** (State what remedy you are requesting as a result of the filing of this grievance).

Grievant's Signature:

Date:

If Applicable:

Representative's Signature:

Representative Name:

Email:

Representative's Mailing Address:

Use additional space below if needed.