Please refer to the University’s Policy Statement on Grievance Procedures to ensure your concern(s) is grievable. You may also contact the Human Resources Office at 844-4145 for further clarification. **Attach additional pages if more space is required.**

Employee’s Name

<table>
<thead>
<tr>
<th>Employee ID #</th>
<th>Date Grievance Occurred</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Department</th>
<th>Date GrievanceFiled with Human Resources Office</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Date Sent to Dean/Dept Head/Director: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____Staff</td>
<td>______________________________________________</td>
</tr>
<tr>
<td>_____Administrative/Professional</td>
<td>______________________________________________</td>
</tr>
</tbody>
</table>

**STEP 1 – STATEMENT OF GRIEVANCE**

(Attach any additional supporting documents as deemed necessary)

**IDENTIFY THE POLICY THAT IS BEING GRIEVED**

__________________________________________________________

__________________________________________________________

__________________________________________________________

**STATEMENT OF GRIEVANCE**

__________________________________________________________

__________________________________________________________

__________________________________________________________

**REMEDY REQUESTED**

__________________________________________________________

__________________________________________________________

Employee’s Signature __________________________________________ Date ______________________

**STEP 2 – GRIEVANCE COMMITTEE CHAIR REVIEW**

(Time Limit: Within 5 working days)

☐ Issue is grievable. Employee will be contacted to schedule hearing

☐ Issue is not grievable for the following reason: ______________________________________________

__________________________________________________________

Chair, Grievance Committee Signature __________________________________________ Date ______________________
RESPONSE OF THE PERSON(S) AGAINST WHOM THE GRIEVANCE IS FILED

See attached statement written by the person(s) against whom the grievance is filed.

Person(s) against whom the Grievance is filed signature: __________________________________________
Date: ______________________

Date of Hearing: _________________________  Location of Hearing: __________________________________________
Witnesses to be called: ____________________________________________________________________________

If either party chooses to have an advisor in attendance – please fill out the section below.

Advisor to Employee: ______________________________ Occupation and/or Campus Unit _____________________
Advisor to the person(s) against whom the grievance is filed: __________________________________________
Occupation and/or Campus Unit: ______________________________

RECOMMENDATION OF GRIEVANCE HEARING PANEL

(Time Limit: Within 15 working days following the hearing, unless Grievance Committee notified employee of additional time needed. See attached statement written by the Grievance Hearing Panel.)

Chair, Grievance Hearing Panel   Signature   Date

OFFICE OF THE VICE PRESIDENT’S REVIEW & RESPONSE
(Time Limit: Within 30 calendar days following receipt of Grievance Hearing Panel’s recommendation)

☐ Agree with Grievance Hearing Panel’s recommendation
☐ Disagree with Grievance Hearing Panel’s recommendation.
☐ Alternative Resolution: __________________________________________

Name and Title       Signature       Date
8/15/05