

**AUBURN UNIVERSITY
GRIEVANCE FORM
(To be filed within 45 calendar days of alleged occurrence)**

Please refer to the University's Policy Statement on Grievance Procedures to ensure your concern(s) is grievable. (http://www.auburn.edu/administration/human_resources/manual/sect08.htm#8.6) 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 _____

Employee ID # _____

Date Grievance Occurred _____

Department _____

Date Grievance Filed with Human Resources Office _____

Job Title _____

_____ Staff

Date Sent to Dean/Dept Head/Director: _____

_____ Administrative/Professional

**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 _____

