

**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 _____ Email address _____ Phone _____

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 _____

STEP 3 – REBUTTAL STATEMENT, SELECTION OF HEARING PANEL
(Time Limit: Within 10 working days)

Hearing Panel selected

Chair of Panel: _____

Panel Members: _____

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: _____

STEP 4 – HEARING

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

11/10/10