



**STAFF GRIEVANCE FORM**

PLEASE PRINT

EMPLOYEE NAME \_\_\_\_\_ POSITION \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

DATE(S) GRIEVANCE(S) OCCURRED \_\_\_\_\_

CHECK ONE ONLY:  INFORMAL RESOLUTION  FORMAL RESOLUTION

**STATEMENT OF GRIEVANCE(S):**

1. State the alleged misapplication(s) of a stated policy or procedure, or alleged act(s) of discrimination and whether the discrimination is based on race, sex, color, age, sexual orientation or gender identity or expression, national origin, disability, religion, or veteran status. (Please note that there is a separate university policy and procedure for sexual harassment complaints.)

2. State the relevant facts supporting your position, i.e., date(s), event(s), names(s) and title of person(s) involved, and include information about the impact the issue has had or is having on you.

3. Remedy sought:

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE PRESENTED

DECISION APPEALED:  YES  NO APPEAL DATE: \_\_\_\_\_

Reason for Appeal

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE PRESENTED