GRIEVANCE FORM

NAME OF MEMBER _____

DEPARTMENT _____

FACULTY/SCHOOL _____

Does this dispute involve a claim of unjust treatment or a grievance? Please place a check in the appropriate box.

___ UNJUST TREATMENT ___ GRIEVANCE

NATURE OF DISPUTE

_____
_____
_____
_____
_____

FACTS_____
_____
_____
_____
_____

REMEDY SOUGHT

_____
_____
_____

___RESULT OF INFORMAL STAGE

_____
_____
_____

IF A GRIEVANCE, STATE THE SECTION(S) OF AGREEMENT YOU CLAIM HAVE BEEN VIOLATED.

_____
_____

_____ _____

SIGNATURE OF MEMBER DATE

_____ _____

SIGNATURE OF ASSOCIATION REPRESENTATIVE DATE

ALL GRIEVANCES MUST BE SIGNED AND DATED BY THE DEAN/DIRECTOR OR DESIGNATE ON THE DATE PRESENTED TO SIGNIFY RECEIPT OF THE GRIEVANCE.

_____ _____

SIGNATURE OF DEAN/DIRECTOR DATE