

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