



## *Faculty & Staff Formal Grievance Form*

### **General Information**

Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of event or condition: \_\_\_\_\_

Date discussed with immediate supervisor: \_\_\_\_\_

### **Formal Grievance** [Employee should keep one copy and give one to his/her immediate supervisor.]

**Specific statement of grievance. Incidents and/or facts supporting claim of grievance.** (Attach additional sheets if necessary.)

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### **Requested solution or remedy.**

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### **Particular area of disagreement with decision of immediate supervisor.**

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Employee's signature \_\_\_\_\_ Date \_\_\_\_\_