

## **Professional and Professional Faculty Grievance Resolution GRIEVANCE FORM**

## I. Grievance

Employee's Full Name:		Phone #:			
		E-Mail Address:			
Job Title:		Division:			
Today's Date:	Date G	Grievance Occurred:			
The issues are (use attachments if necessary):					
The facts supporting this are (use attachments if necessary):					
Explanation of how employee was adversely affected:					
The which cought (was attachments if processory):					
The relief sought (use attachments if necessary):					
Employee's Signatures					
Employee's Signature:					
Grievances must be presented or mailed to the immediate supervisor within 30 calendar days; however, If the grievance alleges discrimination or retaliation by the immediate supervisor, the grievance may, within 30 days, be submitted to the next level supervisor in the line of supervision.					
Choose to skip immediate supervisor because grievance involves discrimination or retaliation by immediate supervisor					

II. Level One					
Date Received by	Date of Meeting,				
Level One Respondent:	if applicable:	if applicable:			
Response (use attachments if necessary):					
1 10	1				
Level One Respondent's	Date:	Telephone No.:			
Signature:	Dute.				
Name (printed):	Job Title:				
I	Employee's Response				
Emplo	yee's response (check one):				
Date Received:	onclude my grievance				
	lvance my grievance to Level Two				
<b>Employee's comments (</b> optional - use attachments if n					
	• /				
Date: Employee's Signature:					
NOTE: The employee is responsible for delivering this grievance to the proper person or office within 10 workdays					

II. Level Two						
Date Received by Level Two Respondent:		Date of Meeting, if applicable:				
Response (use attachments if necessary):	п аррисал					
Level Two			T			
Respondent's Signature:	Date:		Telephone No.:			
Name (printed):	Job Title:					
Employee's Response						
Employee's response (check one):  Date Received:  I conclude my grievance.  I advance my grievance to Level Three (Panel Review)						
Employee will provide: (use attachments if necessary):  The nature of his or her dissatisfaction with the administrator's response; A list of witnesses to be present at the panel hearing; The identification of the observer, if any, to be present at the hearing; Any new relevant documentation						
Date: Employee's Signature:						
NOTE: The employee is responsible for delivering to	his grievance to i	the proper person or	office within 10 workdays.			

III. Level Three-Panel Review					
Date Received:	Date o	Date of Meeting, if applicable:			
Panel Review:  A panel hearing is not warranted					
A panel hearing is warranted (Proceeds to Panel Hearing)					
Panel's Recommendation:					
•					
Panel Signature:	Date:		Telephone No.:		
Name (printed):	Job Title:		E-mail Address:		
Date Received:					
Provost/President's Decision:					
		<b>.</b>			
Signature:		Date:			
Name (printed):					
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