

**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

\_\_\_\_\_

INFORMAL STAGE

RESULT OF

\_\_\_\_\_  
\_\_\_\_\_

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