

**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