



Employee Relations **GRIEVANCE COMPLAINT FORM**

This form will provide Preliminary Information in order to assist in the Review of your Complaint. Please complete the sections outlined below. Once complete, click submit to send a copy of this form to Employee Relations and yourself.

I. Grievance Complaint:

A. Complainant Information

Name:	Employee ID#:
Work Email Address:	Title:
Work Phone:	Cell Phone:
College/Division:	Department/Unit:
Address:	City/State/Zip:
Personal Email Address:	

B. Respondent Information

Name:	Title:
College/Division:	Department/Unit:

C. Date of Adverse Action

D. Grievance Type

Please indicate the type of grievance you are seeking:

- Involuntary Termination
- Suspension or Demotion
- Adverse action or decision that allegedly violates, misinterprets, or improperly applies a specific University policy, procedure, rule, or regulation.

E. Facts

Please provide a thorough written explanation of the exact nature of your allegations, including relevant dates.

F. University Policy/Rule/Procedures

Identify the specific University policy, rule, or procedure allegedly violated, if applicable.

G. Specific Remedy Requested

Identify the specific remedy you are seeking.

II. Mediation

I [am/am n open to engaging in mediation in order to attempt to resolve this issue in lieu of a Board of Review Hearing. I understand that I shall still have the option to discuss these issues with the Board of Review if mediation is not successful.

III. Grievant's Relevant Documentation

Enclosed with my Grievance Form are the following documents. Provide a brief description of each document and why relevant.

[Click here to attach documents](#)

IV. Grievant's List Of Witnesses

The following persons have personal knowledge regarding the allegations, and I intend to call them during the Board of Review Hearing to speak about the following:

A. Witness #1:

Name:	Title:
College/Division:	Department/Unit:

Brief Description of What Witness will discuss at Hearing:

B. Witness #2:

Name:	Title:
College/Division:	Department/Unit:

Brief Description of What Witness will discuss at Hearing:

C. Witness #3

Name:	Title:
College/Division:	Department/Unit:

Brief Description of What Witness will discuss at Hearing:

V. Grievant's Advisor

My advisor during this Grievance process will be:

Name:	Title:
Email Address:	Phone:

My advisor _____ an attorney representing me during this process.

VI. Signature

The above information is true and accurate to the best of my knowledge.

First and Last Name

This will serve as your electronic signature. Date:

Submission of this form triggers an internal process that will lead to a review and conversation with a member of the Employee Relations team. If you would like to schedule an appointment, please do so via our website.