



Faculty & Staff Formal Grievance Form

General Information

Employee 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.)

Requested solution or remedy.

Particular area of disagreement with decision of immediate supervisor.

Employee Name: _____ Department: _____