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**Staff Formal Grievance Form**

Date:

Name:       Banner ID:

Department:       Position:

Employee Work Phone:       Employee E-mail:

Work Address:

Supervisor Name:       Supervisor Phone:

**EMPLOYEE SECTION**

**Informal Grievance**

 Date employee filed informal grievance with supervisor:

 Date employee and supervisor met to discuss informal grievance:

 Results of informal grievance process:

**Formal Grievance**

Describe in detail the reason for grievance, include date(s), time(s), place(s):

Name of any other person(s) directly involved in the complaint, if applicable:

Name of witness(es), if applicable:

List documentation submitted relevant to the complaint (eg: performance management improvement form, e-mails, reports, policy):

Action requested to resolve the issue:

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENT HEAD SECTION**

Department head action/decision or alternative resolution (returned to employee within five working days):

Department head signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee statement:

[ ]  I am satisfied with the action/decision made by the department head

[ ]  I am not satisfied with the action/decision made by the department head

Comments: (If not satisfied, complete and send comments to the appropriate dean or administrative equivalent within five working days)

**DEAN OR ADMINISTRATIVE EQUIVALENT SECTION**

Dean or administrative equivalent action/decision or alternative resolution: (returned to employee within ten working days)

Dean or administrative equivalent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Employee statement:

[ ]  I am satisfied with the action/decision made by the department head

[ ]  I am not satisfied with the action/decision made by the department head

Comments: (If not satisfied, complete and send comments to the your vice president within five working days)

**VICE PRESIDENT SECTION:**

Vice President action/decision or alternative resolution: (returned to employee within ten working days)

The vice president’s decision is final and concludes the grievance process.

Vice President signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Time frames mentioned above may be extended for good cause. See policy for details.