

Grievance Form
for Support Staff Employees Represented by
Communications Workers of America (CWA), Local 4730

Name of Grievant(s): Salary Grade: Phone:

Grievant's Employee ID:

Grievant's Mailing Address: Email:

Grievant's Representative: Phone:

Representative's Campus Address: Email:

Department against which grievance is brought:

Campus Address (if known):

University rule, regulation, policy, procedure, or practice, the specific law, or specified action of a supervisor that is contrary to University policy:

Has this grievance been filed with any other University Office? Yes No

If yes, please list ALL offices contacted:

RIGHT TO REPRESENTATION: I understand that I have the right to be represented by Communications Workers of America, Local 4730 and that I may choose not to exercise this right. However, I must notify the university at any time that Union representation is being waived. This waiver is irreversible at level 3. See Policy 1.1, Section 6, item (2).

I will be represented by Local 4730. I will not be represented by Local 4730.

Signature of Grievant(s):

LEVEL ONE

Appealed to: (Immediate Supervisor)

Date Filed:

Grievant requests meeting

LEVEL THREE

Appealed to: UHRS Employee Relations, Bloomington Campus Office of Human Resources, Northwest Campus

Date Filed:

LEVEL TWO

Appealed to: (Dean, Director or Dept. Head)

Date Filed:

Grievant requests meeting

MEDIATION REQUESTED

Yes No Mediation requires mutual consent of both parties.

Grievant(s) signature:

LEVEL FOUR: ARBITRATION

Date filed:

Please send copies of grievance response and documentation to UHRS at Poplars E165, Bloomington Campus or Office of Human Resources, Northwest Campus, if applicable.

**Use the portion below to describe the nature of the grievance and the remedy requested.
If completing digitally and more space is needed [download the blank PDF](#).**

Please indicate the date of the incident or the date of your knowledge of the incident: _____

NATURE OF THE GRIEVANCE: Briefly state what happened, how the action violates a University rule, regulation, policy, procedure or practice, the specific law, or specified action of a supervisor that is contrary to University policy.

RESOLUTION REQUESTED: State what remedy you request as a resolution to your grievance. Be specific, please.

Grievant(s) Signature: _____ Date filed: _____

Representative(s) Signature: _____ Date filed: _____