

Grievance Form

for Professional Staff and Support and Service Staff not Covered by a Union

Name of Grievant: _____ Department: _____
(If there is more than one grievant, please list names under section NATURE OF GRIEVANCE below)

Grievant's Employee ID: _____ Email: _____

Grievant's Campus Address: _____ Phone: _____

Grievant's Representative: _____ Email: _____

Representative's Campus Address: _____ Phone: _____

Department against which grievance is brought: _____

Campus Address (if known): _____

Policy, rule, regulation or specific action of a supervisor alleged to be contrary to University policy: _____

STAGE ONE

To: _____
(Immediate Supervisor)

Department: _____

Date Filed: _____

STAGE TWO

To: _____
(Dean, Director, or Department Head)

Department: _____

Date Filed: _____

STAGE THREE

Appealed to:
UHRS Employee Relations, Bloomington Campus

Date Filed: _____

STAGE FOUR - ARBITRATION

Date Filed: _____

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

If yes, please list the offices and individuals contacted: _____

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](#).

NATURE OF THE GRIEVANCE: (Provide a brief description of the alleged act about which the grievance is being filed. Include a statement that indicates how the alleged act is a violation of a University policy, rule, or procedure).

Date of the alleged act or knowledge of: _____

RESOLUTION REQUESTED: (State what remedy you are requesting as a result of the filing of this grievance).

Grievant's Signature: _____

Grievant's Representative: _____