

INDIANA UNIVERSITY
Grievance Form
for Part-Time Employees



HUMAN RESOURCES

Name of Grievant: _____ Department: _____

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:
IU HR Employee Relations

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: _____