

INDIANA UNIVERSITY  
**Grievance Form**



HUMAN RESOURCES

for Non-Exempt CWA Employees  
Represented by Communications Workers of America (CWA), Local 4818

Name of Grievant(s) \_\_\_\_\_ Career Level \_\_\_\_\_ 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 4818 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.

I will be represented by Local 4818.  I will **not** be represented by Local 4818.

Signature of Grievant(s) \_\_\_\_\_

**LEVEL ONE** (If grieving a termination, go to Level 2.)

Appealed to \_\_\_\_\_  
(Immediate Supervisor)

Date Filed \_\_\_\_\_

Grievant requests meeting

**LEVEL THREE**

Appealed to:  
IU HR Employee Relations

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 \_\_\_\_\_

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:** 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.

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

Grievant(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEND COPIES OF GRIEVANCE RESPONSE AND DOCUMENTATION TO:**

**IU Human Resources, Bloomington Campus**

[hr.iu.edu/welcome/contact.htm](http://hr.iu.edu/welcome/contact.htm)

*and, if applicable,*

**Office of Human Resources, Northwest Campus**

[www.iun.edu/hr](http://www.iun.edu/hr)