

STAFF HR GRIEVANCE FORM INFORMAL GRIEVANCE

PLEASE PRINT

Employee Name:		Position:	
Supervisor Name:		Department:	
Date PCA Issued:			

STATEMENT OF GRIEVANCE(S):

1. State the alleged misapplication(s) of a stated policy or procedure. (Please note there are separate university procedures for sexual harassment complaints with the [Office of Title IX](#) and for allegations of discrimination or equity policies with the [Office for Inclusion, Diversity and Equal Opportunity](#).) *(Attach another sheet if necessary.)*

2. State the relevant facts supporting your position, i.e., date(s), event(s), names(s)/title of person(s) involved, and any witness(es). *(Attach another sheet if necessary.)*

3. Remedy sought:

<input type="checkbox"/>	Positive Corrective Action discipline lessened
<input type="checkbox"/>	Positive Corrective Action language revised
<input type="checkbox"/>	Positive Corrective Action removed
<input type="checkbox"/>	Other (describe)

Employee Signature

Date