FORM A: Request for a University-Level Grievance

Section I: The following section is to be completed by the person(s) requesting a primary grievance hearing.

Name: ____________________________________ Date: __________________

Department: ___________________________ Title: __________________

Immediate Supervisor: ______________________

Date Grievance Discussed with Supervisor: __________

Person(s) Against Whom Grievance is Filed: __________________________________

________________________

____________________________________________

Is this request for a primary grievance or an appeal of a grievance at the school/College level?

Primary Grievance______ Appeal________ If an appeal, include the vote in the school or
College hearing___________

Attach one sheet to present your complaint and request for corrective action(s); you must separate the explanation and request with these headings:

• Complaint (include reasons you are filing the complaint as a primary grievance, if such is the case, or a summary of the school/College grievance if this request is for an appeal)

• Corrective Action(s) Requested (state concretely actions you want taken)

Send this form and the one-page attachment to the Office of the Faculty Senate. You may submit additional documentation, but please include a table of contents and executive summary.

If the Executive Committee decides that your complaint has merit, it will request that the Chair of the Faculty Affairs Committee first arrange for informal mediation to resolve the problem (see next page). Mediation is voluntary. If you decide to forego mediation, notify the FAC Chair.

Date Received in the Faculty Senate Office______________ Initials: ____________

EXECUTIVE COMMITTEE VOTE ON WHETHER TO FORWARD THE REQUEST

FOR_____ AGAINST______ Date_____ Signature of Chair___________________________
Section II: Mediation.

a. Opportunity for mediation was declined by the grievant ______ the respondent ______.

Date______          Initials of FAC Chair______

b. Mediation was Conducted

Mediator: __________________________

Date of Mediation____________________

Date Mediation Completed_____________

Complaint Resolved: yes____ no_____

b. Summary of Mediation (to be completed by the mediator):

Signature of Mediator__________________________   Date________
Section III. Report of University-Level Grievance Hearing

This hearing was for a primary grievance or an appeal of a School/College hearing.

Committee Chair: __________________________

Committee Members:

_________________________     ________________________

_________________________     ________________________

Date of Hearing _________

Date Grievant’s materials due _______     Date Respondent’s materials due _______

Findings:

Recommendations:

Additional sheets may be attached but must be organized by findings and recommendations.

Signatures of Grievant(s) ___________________    ___________________    ___________________

Signatures of Respondent(s) ___________________    ___________________    ___________________

(If back of form is needed)
Date received in Faculty Senate Office _______     Date of President’s decision _______
Copies to Faculty Senate Office, Office of Academic Affairs, Dean’s Office of Grievant(s) and Respondent(s), Departmental Office(s) of Grievant(s) and Respondent(s).