

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) _____

(use back of form if more space 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).

