STUDENT EMPLOYEE GRIEVANCE REPORT

Date _____________________________________________

Unit _______________________________________

Employee’s Name _______________________ Name of Immediate Supervisor _______________________

Job Title and Brief Description of Duties:

Details of Grievance (use additional sheet if required):

Do you wish to have someone represent you?  Yes _______   No _______

If "Yes," give the person’s name: _____________________________________________________________

__________________________________________________

Employee’s Signature

Complete in Triplicate

Original to Unit Administrator
Copy to Dean for Student Advisory Services
Copy Retained by Complainant

========================================================================= (Employee Leave Blank)

Date Received by Dean for Student Advisory Services ___________________________________________

Grievance Committee Recommendation:

Date Reported to Employee: _____________________________

Date Reported to Employee’s Supervisor: ________________

[rev. 6-09]