

# STAFF MEMBER GRIEVANCE

**University Unit:** \_\_\_\_\_  
**SPG 201.8**  
**Grievance No.:** \_\_\_\_\_

**Step 1:** (Oral) Discuss grievance with immediate supervisor

**Step 2:**

Last Name:		First Name:		Middle Name:
UMID:		Department:	Department Head's Name:	
Staff Member's Statement of Grievance (include facts, dates, policy or regulation involved, if any, and the remedy desired).				
Staff Member's SIGNATURE:			DATE Received by Department Head:	
Department Head's Decision				
Department Head's SIGNATURE:			DATE given to Staff Member:	

**Step 3:**

University Grievance Review Committee Decision:

Date Received by University Grievance Committee:

*(This section contains horizontal lines for text entry.)*