



GRIEVANCE FORM FOR STAFF (NON-TITLE IX)

Date:

Name:

Name, Title, & Department/School of Person(s) who grievance is against?

'HVFULEH ZKDW KDSSHQHG ZKDW GLG WKH SHUVRQ GR RU VDV"
PRUH WKDQ FGDUDFWHUV

:KHUH GLG WKLW RFFXU"

:KHQ" 'DWH DQG DSSUR[LPDWH WLPH

+RZ RIWHQ WKGLGRBSSHQ"

:KDVVRXU UHDFWLQJWKHVSRR'H

:HUH WKHZLHWQH,WRV"ZKR"

:KRLI DQ\RQH KDYH \RX WROG"

