



GRIEVANCE FORM FOR STAFF (NON-TITLE IX)

Date:

Name:

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

'HVFULFH ZKDW KDSSHQHG ZKDW GLG WKH SHUVRQ GR RU VD\"
PRUH WKDQ FKDUDFWHUV

:KHUH GLG WKLV RFFXU"

:KHQ" 'DWH DQG DSSUR[LPDWH WLPH

+RZ RIWHQ @VKG VGKRBSHQ"

:KDWDVRXU UHDFWLROWKHVSRQWH

:HUHWKHZULHWDOQHV, WHRV "ZKR"

:KRLIDQ\RQH KDYH \RX WROG"

What did you tell them?

What was their response?

What relief are you seeking?

0\ VLJQDWXUH EHORVZLQGLQ DQWHDYHUWKLYDQFHHV VWLJDWHG

Signature

Date

B
Associate Director of Human Resources

Date