The University of Michigan
Staff Member Grievance

SPG 201.8 **University Unit**_____ **Grievance No.**_____

Step 1. (Oral) Discuss grievance with immediate supervisor.

Step 2.

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

Form 39707 - Rev. 06/01

Step 3.

Date Received by University Grievance Committee:

University Grievance Review Committee Decision:

Date Given to Staff Member	University Grievance Review Committee