Form HR39707

STAFF MEMBER GRIEVANCE

UNIVERSITY OF MICHIGAN

SPG 201.8

University Unit: _____

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:

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STAFF MEMBER GRIEVANCE

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Step 3:

University Grievance Review Committee Decision:

Date Received by University Grievance Committee:

DATE given to Staff Member:	University Grievance Review Committee: