

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:	

