

## **GRIEVANCE COMPLAINT FORM**

- 1. Name, title, & telephone number of person (s) filing grievance:**
  
- 2. Name, title & telephone number of person (s) this grievance is being filed against:**
  
- 3. Type of grievance (i.e., salary, working conditions, non-renewal of appointment, etc.).**
  
  
- 4. State the events and/or actions which are the basis of your grievance. Please include the time, date and location (if applicable) of the events/actions which led to this grievance. Also, indicate if the grievance is based on one occurrence or is ongoing. (You may use additional sheets, if necessary).**
  
  
- 5. Summarize your efforts to resolve this grievance.**
  
  
- 6. Please state your desired outcome for this grievance (such as enhanced salary, etc.).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

