

STUDENT EMPLOYEE GRIEVANCE REPORT

Date _____

Department _____

Employee's Name _____

Name of Immediate Supervisor _____

Job Title and Brief Description of Duties:

Details of Grievance (use additional sheet if required):

Do you wish to have someone represent you? Yes _____ No _____

If "Yes," give the person's name: _____

Employee's Signature

Complete in Triplicate
Original to Departmental Administrator
Copy to Dean for Student Advisory Services
Copy Retained by Complainant

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(Employee Leave Blank)

Date Received by Dean for Student Advisory Services _____

Grievance Committee Recommendation:

Date Reported to Employee: _____

Date Reported to Employee's Supervisor: _____