

REQUEST FOR GRIEVANCE FORM
General Grievances (Not Suspensions or Terminations)

Grievant's Name: Job Title:

Department: Work Phone:

Work E-Mail Address: Home Phone #

STEP ONE GRIEVANCE

Statement of the Grievance:

Provide the specific provision(s) of FAU Regulations, policies, statute or agreement claimed to have been violated:

Explain the specific issue(s) of the grievance, including the acts or omissions which you are claiming have given rise to the grievance and the date they occurred, or you had knowledge of them and provide other documents you believe to support the grievance:

Date of Occurrence:

Remedy Sought - What solution do you recommend to resolve your grievance?

My signature indicates that the information contained on this form and attachments is true and factual to the best of my knowledge.

Employee's Signature

Date

Please select this box only if you have completed your step one and want to proceed to Step Two.

REQUEST TO PROCEED TO STEP TWO

Employee's Signature

Date