

**STUDENT EMPLOYEE GRIEVANCE REPORT**

Date \_\_\_\_\_

Unit \_\_\_\_\_

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 Unit 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: \_\_\_\_\_