Grievance Form
Service Employees Represented by American Federation of State, County, and Municipal Employees (AFSCME), Local 832 and Local 683, 1477, 1477-01

Name of Grievant__________________________________________________________
Grievant’s email___________________________________________________________
Grievant’s campus address___________________________________________________
Name of steward or representative___________________________________________
Steward’s campus address or rep’s address______________________________________
Name of department involved in the grievance__________________________________
Campus address (if known)___________________________________________________
Policy, rule, regulation or specific action of a supervisor alleged to be contrary to University policy __________________________________________
Has this grievance been filed with any other University Office? ☐ Yes ☐ No
If yes, please list all offices ________________________________________________

RIGHT TO REPRESENTATION: I understand that I have the right to be represented by American Federation of State, County, and Municipal Employees (AFSCME), Local 832, 683, 1477, 1477-01, I may also choose not to exercise this right, but I must notify the University that Union representation is being waived. If I waive this right, it is irreversible at Stage 3 and thereafter.

☐ I will be represented by the AFSCME Local ☐ I will not be represented by the AFSCME Local

STAGE 1 (If grieving a termination, go to Stage 2.) To be filed within 10 working days of incident, problem, or knowledge of it.
To (Immediate supervisor)____________________________________________________
Date filed______________________________________________________________
☐ Grievant requests meeting
Date and time received____________________________________________________

STAGE 2 To be filed within 10 working days following receipt of the Stage 1 response or due date.
Appealed to (dean, director, or department head)________________________________
Date filed______________________________________________________________
☐ Grievant requests meeting
Date and time received____________________________________________________

STAGE 3 To be filed within 10 working days following receipt of the Stage 2 response or due date.
Appealed to Campus Human Resources ☐ Bloomington ☐ IUPUI ☐ Northwest ☐ South Bend ☐ Southeast
Date filed______________________________________________________________
Date and time received____________________________________________________

If grievance is eligible for Stage 4, the University or the Union may request either Mediation (if not a termination) or Stage 3 1/2 by notifying the other party in writing within ten (10) workdays of the Stage 3 response.
MEDIATION  Yes ☐ No ☐ or STAGE 3 1/2 Committee Hearing  Yes ☐ No ☐

Date filed____________________________________________
Date and time received_________________________________
☐ Bloomington  ☐ IUPUI  ☐ Northwest  ☐ South Bend  ☐ Southeast

STAGE 4 – ARBITRATION

Date filed____________________________________________
Date and time received_________________________________

Use the portion below to describe the nature of the grievance and the remedy requested.

If completing digitally and more space is needed download the blank PDF.

NATURE OF THE GRIEVANCE (Provide a brief description of the alleged act about which the grievance is being filed. Include a statement that indicates how the alleged act is a violation of a University policy, rule, or procedure).

Date of the alleged act or knowledge of it ________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

RESOLUTION REQUESTED (State what remedy you are requesting as a result of filing this grievance.)
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Grievant's signature _________________________________________  Steward/grievant's representative______________________________

Send copies of grievance response and documentation to the Campus Human Resources office.