

Grievance Form

for Support Staff Employees Represented by
Communications Workers of America (CWA), Local 4730

Name of Grievant(s): _____ Salary Grade: _____ Phone: _____

Grievant's Employee ID: _____

Grievant's Mailing Address: _____ Email: _____

Grievant's Representative: _____ Phone: _____

Representative's Campus Address: _____ Email: _____

Department against which grievance is brought: _____

Campus Address (if known): _____

University rule, regulation, policy, procedure, or practice, the specific law, or specified action of a supervisor that is contrary to University policy: _____

Has this grievance been filed with any other University Office? Yes No

If yes, please list ALL offices contacted: _____

RIGHT TO REPRESENTATION: I understand that I have the right to be represented by Communications Workers of America, Local 4730 and that I may choose not to exercise this right. However, I must notify the university at any time that Union representation is being waived. This waiver is irreversible at level 3. See Policy 1.1, Section 6, item (2).

I will be represented by Local 4730. I will **not** be represented by Local 4730.

Signature of Grievant(s): _____

LEVEL ONE

Appealed to: _____
(Immediate Supervisor)

Date Filed: _____

Grievant requests meeting

LEVEL THREE

Appealed to:
 UHRS Employee Relations, Bloomington Campus
 Office of Human Resources, Northwest Campus

Date Filed: _____

LEVEL TWO

Appealed to: _____
(Dean, Director or Dept. Head)

Date Filed: _____

Grievant requests meeting

MEDIATION REQUESTED

Yes No
Mediation requires mutual consent of both parties.

Grievant(s) signature: _____

LEVEL FOUR: ARBITRATION

Date filed: _____

Please send copies of grievance response and documentation to UHRS at Poplars E165, Bloomington Campus
or Office of Human Resources, Northwest Campus, if applicable.

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](#).

Please indicate the date of the incident or the date of your knowledge of the incident: _____

NATURE OF THE GRIEVANCE: Briefly state what happened, how the action violates a University rule, regulation, policy, procedure or practice, the specific law, or specified action of a supervisor that is contrary to University policy.

RESOLUTION REQUESTED: State what remedy you request as a resolution to your grievance. Be specific, please.

Grievant(s) Signature: _____ Date filed: _____

Representative(s) Signature: _____ Date filed: _____