



GRIEVANCE FORM FOR STAFF (NON-TITLE IX)

Date:

Name:

Name, Title, & Department/School of Person(s) who grievance is against?

Describe what happened (what did the person do or say?). Please limit your response to no more than 250 characters.

Where did this occur?

When? (Date and approximate time)

How often did/does this happen?

What was your reaction/response at the time?

Were there any witnesses? If so, who?

Who, if anyone, have you told?

What did you tell them?

What was their response?

What relief are you seeking?

My signature below indicates my willingness to have this grievance investigated.

Signature

Date

Associate Director of Human Resources

Date