

GRIEVANCE/COMPLAINT INITIATION FORM

CASE NO. _____

Member's Name: _____

Tel#: (W) ----- (H) ----- (C) -----

Department: _____

Position: _____

Level: _____ Type of Contract: _____

Date of First Employment: _____ Termination Date: _____

Date of the alleged incident: _____

Allegation (s) Against:

Evidence Substantiating Allegations (supplied by the Complainant)

- a) Documents ()
- b) Witnesses ()
- c) Other ()

Give narrative of complaint.

(If more space is needed, please attach additional sheets of paper).

A series of 25 horizontal dashed lines for writing.

THIS FORM WAS SUBMITTED TO
(Manager/Supervisor/Etc.)

Date Time.....

.....

Aggrieved Member's Signature

.....

Faculty /Section Rep

.....

Manager/Supervisor

A copy of this form was submitted to the Union/HR on by
(Member/ Union Rep)

FOR OFFICIAL USE ONLY

Action Taken:

APPROVED BY:

Signature:

Position:

Date: -----