

Appendix F Grievance Form

(See Article 16, Grievance and Arbitration)

Grievant's Name: (name of grievant)

Department: (grievant's department)

Date grievance is filed (submitted): (date)

Date when event you are grieving took place: (date)

Date when you learned about the event that you are grieving: (date)

Name of the WSU administrator whose actions (or inaction) you are grieving, if known:

(name of administrator)

1. What is the nature of your grievance? (*Attach additional pages if needed.*)
(nature of grievance)

2. What specific section or sections of the collective bargaining agreement, the bylaws, or another Agreement between the University and AAUP-WSU do you believe were violated?
(section number(s) from CBA and/or provision(s) from specified bylaws or other agreement)

3. What remedy do you seek? (*Attach additional pages if needed.*)
(remedy sought)

4. Have you discussed this grievance with an AAUP-WSU grievance officer? No

If yes, to whom did you speak and when? (name and date)

5. Have you presented an informal complaint about this dispute to a WSU administrator? No

If yes, to whom did you speak and when? (name and date)

Signature: (signature)

Date: (date)

You must send a copy of this completed form to:

1. The Associate Provost for Faculty and Staff Affairs [Prof. Steve Berberich, 268 University Hall]
2. The AAUP-WSU Grievance Officer [Prof. Sirisha Naidu, AAUP-WSU, 113 Medical Sci. Bldg.]