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.]