

## Staff Grievance Form

An employee should complete and sign this Staff Grievance Form, then submit to his/her first line supervisor with a copy to the Employee Relations unit in Human Resources. Please attach additional pages if more space is needed than provided. Grievances must be filed within 15 workdays of the incident causing the grievance. The written grievance shall include a full statement indicating the basis for the grievance and the solution that the employee seeks. It is strongly suggested that you discuss your grievance with the Staff Grievance Officer, Sandy Russell before submitting this form. You may contact her at 852-4652 or [sdruss02@louisville.edu](mailto:sdruss02@louisville.edu)

### Employee Information

Employee Name:	Date:
Employee ID:	Job Title:
Department:	Email:
Phone:	Cell Phone:

### Grievance Summary

Please state the circumstances leading to the grievance. Be specific regarding the behaviors or actions that resulted in the grievable condition, and include the dates of these actions. Historical narrative and/or supporting documentation may be submitted at a later time, once the grievance has been accepted for hearing.

**Conditions of Grievance**

Please indicate why you believe the action(s) you are grieving occurred.

**Respondent(s)**

Indicate the party or parties who are *respondents* in this grievance. These will be the individual or individuals whose decision(s) or action(s) resulted in the grievable condition.

**Remedy**

State your requested remedy.

**Grievance Steps**

Grievances must be filed within 15 work days of the incident causing the grievance.

**Step 1**

1<sup>st</sup> Line Supervisor Name:

Job Title:

Date of Notification (Grievance sent to 1<sup>st</sup> Line Supervisor and HR):

Date of Response (Must occur within 5 work days of receipt):

Response:

Date Disposition sent to Employee and HR:

Date HR contacted for Step 2 (if applicable):

**Step 2**

2<sup>nd</sup> Line Supervisor Name:

Job Title:

Date of Notification (Grievance sent to 2<sup>st</sup> Line Supervisor and HR):

Date of Response (Must occur within 5 work days of receipt):

Response:

Date Response sent to Employee and HR:

Date HR contacted for Step 3 (if applicable):

***At this point, you can request a Staff Grievance Committee (SGC) Hearing or you may proceed with sending your grievance to the department head/director.***

- Referred grievance to Staff Grievance Committee in lieu of department head/director

Date of Notification (Grievance sent to SGC):

Date of Response (Must occur within 10 work days of receipt):

Response:

Date Response sent to Employee and HR:

**Step 3**

Department Head/Director Name:

*(Unless the department head/director is not at least three levels removed from employee; then Dean VP, Exec VP or VPHR)*

Job Title:

Date of Notification (Grievance sent to Department Head/Director and HR):

Date of Response (Must occur within 10 work days of receipt):

Response:

Date Response sent to Employee and HR:

**Mediation Option**

Mediation is optional and may occur at any time during the grievance process, if agreed upon by both parties. Participation in the Mediation Service process suspends the timeline for initiating a grievance until (1) one or more of the disputants have withdrawn from the process, (2) one of the disputants files a grievance in the case or (3) the mediator certifies in writing that the dispute remains unresolved after exhausting the stages of the mediation process. After any one of those eventualities, the disputant have 30 calendar days to file a written grievance.

Date of Mediation:

Response:

**Complainant Signature**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date