

## STAFF GRIEVANCE FORM

**Instructions:** Complete and sign this form, then submit a copy to your first line supervisor and a copy to Human Resources. Please attach additional pages if more space is needed. Grievances must be filed within fifteen (15) workdays of the incident causing the grievance. Include a full statement indicating the basis for your grievance and the resolution you seek. It is strongly suggested that you discuss your grievance with the Staff Grievance Officer, Will Adamchik, before submitting this form. You may contact him at 502-852-7381 or wjadam02@louisville.edu.

### Employee Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home/Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM/PM \_\_\_\_\_

University ID (if applicable): \_\_\_\_\_ Department: \_\_\_\_\_

### Grievance Summary

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

**Respondent(s)**

Indicate the party or parties who are respondents in this grievance. Respondents are the individual(s) whose decision(s) and/or action(s) resulted in the grievable condition:

Respondent's name:	Relationship/Association with UofL:	Relationship/Association to you:

**Remedy**

State your requested remedy:

**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 until one or more of the disputants withdraw from the process, one of the disputants files a grievance in this case, or the mediator certifies in writing that the dispute remains unresolved after exhausting the stages of the mediation process. After any of those eventualities, the disputant has thirty (30) calendar days to file a written grievance.

If you would like to pursue mediation at this point, please indicate below:

I wish to pursue mediation at this time, and would like the mediation option to be offered to the respondent;

I do not wish to pursue mediation at this time.

**Authorization**

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief. I understand that a copy of this complaint will be provided to the respondent(s).

Print Name of Complainant: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

For University Use Only: Date Complaint Received: \_\_\_\_\_ Signature: \_\_\_\_\_

## GRIEVANCE STEPS

### Step 1:

1<sup>st</sup> Line Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date Grievance sent to First Line Supervisor and Human Resources: \_\_\_\_\_

Date of Response (Must occur within five (5) work days of date sent): \_\_\_\_\_

Response:

### Step 2:

2<sup>nd</sup> Line Supervisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date Employee Requested Step 2: \_\_\_\_\_

Date Grievance sent to Second Line Supervisor: \_\_\_\_\_

Date of Response (Must occur within five (5) work days of date sent): \_\_\_\_\_

Response:

### Step 3:

At this step, you may request a Staff Grievance Committee (SGC) Hearing or you may proceed with sending your grievance to the department head/director. Please indicate your choice:

SGC Hearing

Department Head/Director

IF SGC Hearing is chosen:

Date Grievance sent to SGC: \_\_\_\_\_

Date of Response (Must occur within fifteen (15) work days of date sent): \_\_\_\_\_

IF sent to Department Head/Director:

Department Head/Director Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Grievance sent to Second Line Supervisor: \_\_\_\_\_

Date of Response (Must occur within ten (10) work days of date sent): \_\_\_\_\_

Step 3 Response (from SGC or Department Head/Director):