

University of Wisconsin-Whitewater
Office of Human Resources and Diversity

EMPLOYEE GRIEVANCE FORM

(Must be filled out in ink)

If this is a group grievance, use name and classification of spokesperson and attach a sheet listing the names, classifications, and signatures of other grievants

Grievance Step - circle one				
Pre-file	1	2A	2B	3
Date of Pre-file meeting:				

(PRINT) Name - Last, First, Middle Initial		Classification	Working Title of Position
Institution		Department	Telephone Number
This grievance alleges:		Type of Grievance (check one) <input type="checkbox"/> Grievance appealing dismissal <input type="checkbox"/> Grievance appealing discipline other than dismissal <input type="checkbox"/> Working Conditions <input type="checkbox"/> Layoff grievance	
Describe the grievance - state all facts, including time, place of incident, names of persons involved, etc. The description of the grievance may be attached to this report.			
Relief sought			
Employee's Signature	Employee Representative's Signature (if applicable)		Date Submitted
Employee's Mailing Address and email address	(PRINT) Employee Representative's Name, and email address (If Applicable)		
It is highly recommended that the employee have representation at ALL steps of the grievance process.			
Employer's Decision			
Employer's Signature	Date Received		Date Returned

GRIEVANCE MUST BE FILED ON THIS FORM Please fill out sheet, print, and obtain necessary signatures. Original is filed with the UW-Whitewater Office of Human Resources and Diversity. Remember to keep a copy for yourself. See UW-Whitewater's University Personnel Rules: Grievance Procedure for time limits for presenting and acting on grievances.