

## **Appendix C – Grievance Form**

*(See Article 16, Grievance and Arbitration)*

Grievant's Name: \_\_\_\_\_

Department and College: \_\_\_\_\_

Date grievance filed (submitted): \_\_\_\_\_

Date when event you are grieving took place: \_\_\_\_\_

Date when you learned about the event you are grieving: \_\_\_\_\_

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

1. What is the nature of your grievance? *(Attach additional pages if needed.)*
  
  
  
  
  
  
  
  
  
  
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?
  
  
  
  
  
  
  
  
  
  
3. What remedy do you seek? *(Attach additional pages if needed.)*
  
  
  
  
  
  
  
  
  
  
4. Have you discussed this grievance with an AAUP-WSU grievance officer?
  - a. If yes, to whom did you speak and when?
  
  
  
  
  
  
  
  
  
  
5. Have you presented an informal complaint about this dispute to a WSU administrator?
  - a. If yes, to whom did you speak and when?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You must send a copy of this completed form to:

1. The Associate Vice Provost for Faculty Affairs *[Name and Office Number inserted]*
2. The Chief Human Resources Officer *[Name and Office Number inserted]*
3. The AAUP-WSU Grievance Officer *[Name, Department and Office Number inserted]*