UIS GRIEVANCE FORM

GRIEVANT NAME: _________________________________

CAMPUS ADDRESS/PHONE: ________________________________

DATE OF ALLEGED VIOLATION: ________________________________

STATEMENT OF GRIEVANCE: ____________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

STATEMENT OF HARM CLAIMED TO HAVE RESULTED FROM VIOLATION:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

REMEDY SOUGHT: ____________________________________________

____________________________________________________________________

____________________________________________________________________

ALLEGED VIOLATIONS OF APPLICABLE UNIVERSITY RULES/REGULATIONS (please include specific policies and rules allegedly violated): ________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
UIS GRIEVANCE FORM

Grievant Signature

Date

ACKNOWLEDGEMENT OF FILING

The undersigned acknowledges that on ______________ the foregoing grievance (date) was filed with the University Grievance Administrator (Check One) ________ by personal delivery or ________ received by certified or registered mail, return receipt requested.

University Grievance Officer or Designee

Date