

UNIVERSITY OF ILLINOIS  
Chicago • Springfield • Urbana-Champaign

Office of Human Resources  
Human Resource Building, Room 30  
University of Illinois at Springfield  
One University Plaza, MS HRB 30  
Springfield, Illinois 62703

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
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