

**APPENDIX C
GRIEVANCE FORM**

I. Date (Received by the University administration) _____

GRIEVANT

STEP 1 GRIEVANCE REPRESENTATIVE

NAME: _____

NAME: _____

CAMPUS MAILING ADDRESSES:

COLLEGE: _____

DEPT. _____

OFFICE PHONE _____

OFFICE PHONE _____

If the grievant is represented by the UFF or legal counsel, all University communications should go to the grievant's representative.

Other address to which University mailings pertaining to the grievance will be sent:

II. GRIEVANCE

Article(s) and section(s) of the Agreement allegedly violated:

Statement of grievance (must include date of acts or omissions complained of)

Remedy sought:

(See page 2 for additional requirements)

III. AUTHORIZATION

I will be represented in this grievance by (check one—representative must sign on appropriate line):

_____UFF _____

_____ Legal Counsel _____

_____Myself _____

I (do) _____ (do not) _____ want a postponement for up to thirty (30) days to seek informal resolution of this grievance.

I UNDERSTAND AND AGREE THAT BY FILING THIS GRIEVANCE, I WAIVE WHATEVER RIGHTS I MAY HAVE UNDER CHAPTER 120 OF THE FLORIDA STATUTES WITH REGARD TO THE MATTERS I HAVE RAISED HEREIN AND UNDER ALL OTHER UNIVERSITY PROCEDURES WHICH MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

This grievance was filed with (check one):

Provost’s Office_____

President’s Office_____

This grievance was filed on _____ by (check one)

Personal delivery _____

U. S. Mail (postmark date) _____

Fax _____

(Signature of Grievant)

(Grievant must sign if grievance is to be processed.)

The Step 1 decision will be transmitted to the Grievant’s Step 1 Representative in accordance with Article 22 (Grievance Procedure and Arbitration)