

AUBURN UNIVERSITY GRIEVANCE FORM

(To be filed within 45 calendar days of alleged occurrence)

Please refer to the University's Policy Statement on Grievance Procedures to ensure your concern(s) is grievable. (http://www.auburn.edu/administration/human_resources/manual/sect08.htm#8.6). You may also contact the Human Resources Office at 844-4145 for further clarification. **Attach additional pages if more space is required.**

_____ Employee's Name	_____ Email Address	_____ Phone
_____ Employee's ID Number	_____ Department	_____ Job Title
_____ Date Grievance Occurred	_____ Date Grievance Filed with HR	
_____ Date Sent to Dean/Dept. Head/Director	____ Staff or ____ Administrative/Professional	

Step 1: Statement of Grievance *(attach any supporting documents as deemed necessary)*

Identify the policy that is being grieved

Statement of Grievance

Remedy Requested

Step 2: Grievance Committee Chair Review *(Time limit: Within 5 working days)*

____ Issue is grievable. The employee will be contacted to schedule hearing.

____ Issue is not grievable for the following reason:

Chair, Grievance Committee Signature: _____ **Date:** _____

Step 3: Rebuttal Statement, Selection of Hearing Panel (Time limit: Within 10 working days)

Panel Chair: _____

Panel Members

Response of the person(s) against whom the grievance is filed (See attached statement written by the person(s) against whom the grievance is filed)

Person(s) against whom the grievance is filed signature: _____

Date: _____

Step 4: Hearing

Date of Hearing: _____ Location of Hearing: _____

Witnesses to be called:

If either party chooses to have an advisor in attendance, please fill out the section below:

Advisor to Employee: _____ Occupation and/or Campus Unit: _____

Advisor to the person(s) against whom the grievance is filed: _____

Occupation and/or Campus Unit: _____

Recommendation of Grievance Hearing Panel (Time Limit: Within 15 working days following the hearing, unless Grievance Committee notified employee of additional time needed. See attached statement written by the Grievance Hearing Panel.)

Chair, Grievance Hearing Panel: _____ Date: _____

Office of the Vice President's Review and Response (Time Limit: Within 30 calendar days following receipt of Grievance Hearing Panel's recommendation)

_____ Agree with Grievance Hearing Panel's recommendation

_____ Disagree with Grievance Hearing Panel's recommendation

_____ Alternate resolution

Name and Title

Signature

Date