



UNIVERSITY OF
ARKANSAS

OFFICE OF EQUAL OPPORTUNITY AND COMPLIANCE
FORMAL GRIEVANCE FORM

Name: _____

E-mail Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number(s): (home) _____

(work) _____

(cell) _____

Department: _____

Job Title: _____

Person(s) to who(m) the Grievance is addressed: _____

Immediate Supervisor: _____

Dean/Director/Department Head's Name: _____

*This statement must be submitted to the grievance officer
within thirty (30) **calendar** days of the date of notice of
termination for cause or within ten (10) working days after the
unsuccessful informal resolution.*

Please select which provision of the Grievance process your concerns fall under:

- an alleged misinterpretation, misapplication, or violation of a specific provision of university policy that materially affects the Grievant's terms and conditions of employment; and/or,
- bullying: includes, but not limited to, repeated and ongoing acts of intimidation, humiliation, or ridicule either written, verbal, electronic, or physical, against the Grievant that materially interferes with the work environment; and/or
- terminations which are deemed to be "terminations-for-cause" as defined in Section 10.4 of the Staff Handbook.

Description of Grievance(s) in detail: *(Attach additional pages if necessary)*



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Identify, specifically, what action you would have the University take to resolve your grievance(s): *(Attach additional pages if necessary)*

In filing this grievance, I agree to accept the conditions as set forth in the University of Arkansas Staff Grievance Procedure.

Grievant's Signature

Filing Date