



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)*

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