

UHD Statement of Grievance

Name:

Department:

Office:

UHD Email:

Title:

Date of Grievance:

Individual(s) With Whom Grievance Occurred:

Statement of Grievance (Please be as succinct as possible. Give only the point(s) of the grievance. Details on each point may be presented on a separate sheet.):

Law or Policy Violated:

Remedy(ies) Requested:

Notice: This Statement of Grievance is being filed in compliance with UHD PS document 10.A.02 Faculty Grievance Procedures.

Signature of Grievant:

Date:

Signature of Grievance Chair:

Date:

Distribution Copy: Hearing Committee, Grievant, and Respondent(s)