|  |
| --- |
| **Instructions:** |
| 1) | Review the policy ([UPPS 04.04.41](http://policies.txstate.edu/university-policies/04-04-41.html), Staff Employee Mediation, Grievance, Policy). |
| 2) | Complete all information requested. Attach additional sheets as necessary. Sign and date the form. |
| 3) | Present the completed form to Human Resources within TEN working days after learning of the action or co-condition that caused the problem. |
| 4) | A Human Resources representative will meet with you to explain the policy, assist you in clarifying the issues, review the problem you present, Human Resources will sign this form. |
| 5) | If you designate an individual to represent you in a grievance, you may also need to attach the appropriate Representative Certification Statement. Review Section 04 of the policy. |
| 6) | After meeting with a Human Resources representative, attach this signed Grievance Form and present to the department head.  |

## Employee Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name: |  |  | Date: |  |
|  | Print |  |

|  |  |
| --- | --- |
| Department: |  |

 |

##  Grievance

|  |
| --- |
| What happened? (Describe the problem or incident in detail. You can attach additional documents) |
|  |  |

|  |  |
| --- | --- |
| 1. Who was involved?
 |  |
|  |  |
| 1. When did this happen?
 |  |
|  |  |
| 1. Where did this happen?
 |  |
|  |  |
| 1. Was this problem caused by the improper application of a federal or state law or policy of Texas State University? [ ]  Yes [ ]  No
 |  |
| If YES, state which law or policy: |  |
| 1. Have you discussed this problem with your supervisor?
 |  |
| If YES, what was his or her response? If NO, why haven’t you? |  |
| 1. What action/relief are you seeking?
 |  |
|  |  |
| 1. Name of your representative (if any):
 |  |
|  |  |
| Your Signature: |  | Date: |  |

## FOR HUMAN RESOURCES USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Human Resources Representative Signature : |  | Date: |  |