

GRIEVANCE FORM

This form is the university's modified "Standard Form 16" and is to be used if the grievant is not satisfied with the decision of his immediate supervisor at the First Step of the grievance procedure. The form will be completed at each subsequent Step at which the appeal is made. If a grievance is settled orally with the immediate supervisor, written record is not mandatory. However, a memorandum record of the grievance for the department's use with a copy to the Office of University Personnel is advisable in such cases.

NORTHWESTERN STATE UNIVERSITY

Name _____ Date _____

Job Classification _____ Department _____

Date Grievance Occurred _____

First Step
Grievance Statement

Relief Sought

Grievant's Signature _____

Decision of Immediate Supervisor

Supervisor's Signature _____ Date _____

Second Step
Vice President

Reply to Employee Grievance: _____

Signature: _____ Date _____

Employee Answer

I am satisfied with the answer to my grievance

I am not satisfied with the answer to my grievance and wish to have it referred to the next step

Employee Signature _____ Date _____

Third Step
Grievance Hearing and President's Decision

Decision of President: _____

Signature: _____ Date _____