AAUP-WSU – Wright State University
Grievance Form

Note: See Article 16, Grievance and Arbitration, in the Collective Bargaining Agreement

Grievant Name:

Address Preferred for Correspondence Pertaining to this Grievance:

Home Phone:
Office Phone:
Email Address:

1. Date when event you are grieving took place:

2. Date when you learned about the event that you are grieving if it differs from the date when the event took place:

3. State the nature of your grievance. (If you need more space, you may attach additional pages.)

4. State the specific article(s) and section(s) of the contract that you believe were violated:
5. What remedy do you seek? (If you need more space, you may attach additional pages.)


6. Have you discussed this grievance with an AAUP-WSU grievance officer?
   If yes, to whom did you speak and when?

7. Have you presented an informal complaint about this dispute to a WSU administrator?
   If yes, to whom did you speak and when?

Signature: _____________________________________  Date: ________________

You must send a copy of this completed form to:
1. The administrator to whom this grievance is directed (your Dean or the Provost) and
2. Associate Provost Henry Limouze, 282 University Hall and
3. AAUP-WSU Grievance and Contract Administration Officer, Barbara Hopkins, Dept. of Economics, 290B Rike Hall.