Appendix C – Grievance Form
(See Article 16, Grievance and Arbitration)

Grievant’s Name: ____________________________________________

Department and College: _______________________________________

Date grievance filed (submitted): ________________________________

Date when event you are grieving took place: ______________________

Date when you learned about the event you are grieving: __________

Name of the WSU administrator whose actions (or inaction) you are grieving, if known: ________________________________

1. What is the nature of your grievance? (Attach additional pages if needed.)

2. What specific section or sections of the collective bargaining agreement, the bylaws, or another Agreement between the University and AAUP-WSU do you believe were violated?

3. What remedy do you seek? (Attach additional pages if needed.)

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

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

_________________________________________  __________________________
Signature                                          Date

You must send a copy of this completed form to:

1. The Associate Vice Provost for Faculty Affairs [Name and Office Number inserted]
2. The Chief Human Resources Officer [Name and Office Number inserted]
3. The AAUP-WSU Grievance Officer [Name, Department and Office Number inserted]