OA Grievance Form

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| **Instructions**  *Complete and submit this form to HR. Email form to* [*grievances@uoregon.edu*](mailto:grievances@uoregon.edu)*. Grievant should retain a copy of this form for their records.* |



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| **Please indicate which Grievance Step this form pertains to:**  Filing at step 1 Are you requesting meeting with your supervisor? Yes No  Filing at step 2 Are you requesting meeting with Dean/VP/Designee? Yes No  Filing at step 3 Are you requesting meeting with the President/Designee? Yes No | | |
| **Employee Information** | | |
| Grievant Name: | Employee 95 #: | |
| Employee Email: | Contact Phone Number: | |
| Job Title: | Supervisor Name: | |
| OA Salary Band: | Unit/Department: | |
| **Grievance Information** | | |
| *Please provide the date, time, and place of event(s) leading to grievance and policy(ies) in question.* | | |
| *Please provide detailed description of grievance, including names of individuals involved.* | | |
| *Please provide your recommendation for resolution.* | | |
| **Signature** | | |
| The signature below indicates that you are filing a grievance and that any information on this form is true and accurate to the best of your knowledge. | | |
| Employee Signature: | | Date: |