OA Grievance Form

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| **Instructions***Complete and submit this form to HR. Email form to* *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: |