

APPENDIX C
GRIEVANCE FORM

(From Article 11.2 – Grievance & Arbitration)

Grievance Type
(select one):

Step 1

Step 2

Arbitration

PART I
GRIEVANT(S)

Name(s) _____ Dept. _____

Mailing Address _____

Phone Number (Home) _____ (Work) _____

Email _____

GRIEVANCE REPRESENTATIVE

Name _____

Email _____

If Grievant is represented by the UFF or legal counsel, all University communications should go to the Grievance Representative.

Other address to which
University mailings _____
pertaining to grievance
shall be sent

PART II
GRIEVANCE

Article(s) & Section(s) of
Agreement allegedly violated:

(See Next Page for Additional Requirements)

Statement of Grievance (must include date of acts or omissions complained of and name(s) of any individual(s) that allegedly committed the acts or omissions):

Remedy Sought: _____

PART III
AUTHORIZATION

I will be represented in this grievance by: (check one - representative must sign on appropriate line):

- UFF: _____
- Myself: _____
- Legal Counsel: _____

I [do] [do not] want a postponement for up to thirty (30) days to seek informal resolution of this grievance.

I UNDERSTAND AND AGREE THAT BY FILING THIS GRIEVANCE, I WAIVE WHATEVER RIGHTS I MAY HAVE UNDER CHAPTER 120 OF THE FLORIDA STATUTES WITH REGARD TO THE MATTERS I HAVE RAISED HEREIN AND UNDER ALL OTHER UNIVERSITY PROCEDURES WHICH MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

This grievance was electronically filed with the Office of General Counsel (ogc@floridapoly.edu) on _____, 20__.

Signature of Grievant
(Grievant must sign if grievance is to be processed).

DATE OF RECEIPT BY OFFICE OF GENERAL COUNSEL: _____