2.01: (Oral) Discuss grievance with immediate supervisor. Submit form to Director of Human Resources (DHR) within 90 calendar days of grievance and to the Faculty Council Faculty Grievance Monitor (secretary/Chair-elect of Faculty Council or designee).

2.02: DHR shall transmit a copy of the FGF to the named respondent(s), with copies to the Dean or Director.

Last Name:  
First Name:  
Middle Name:  

UMID:  
Department:  
College and Dean’s Name:  

Completed by Faculty: Faculty Member’s Statement of Grievance (include facts, dates, policy or regulation involved, if any, and the remedy desired).

Faculty Member’s SIGNATURE:  
DATE Received by DHR:  

Completed by GHB: Grievance Hearing Board’s (GHB) Decision: 3.02  

GHB Chair SIGNATURE:  
DATE given to Faculty Member:  

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**FACULTY GRIEVANCE FORM**

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<th>Completed by GHB: GHB Hearing Date (if deemed grievable):</th>
<th>3.03</th>
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<tr>
<td>Completed by GHB: GHB Final Decision:</td>
<td>3.11</td>
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<th>Appeal: Y or N</th>
<th>Date Appeal Received:</th>
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