STEP 1: Filed within fourteen class days of occurrence

At Step 1, please provide this form to the head of the administrative unit of your immediate supervisor.

Undergraduate student-employees are encouraged to discuss concerns with their immediate supervisor prior to filing a grievance.

___ I have discussed the following with my immediate supervisor and have been unable to resolve this matter informally.
___ I have chosen not to discuss my concerns with my immediate supervisor.

Employee Name ___________________________________________ Date ________________________________
Job Title _________________________________________________ University ID __________________________
Department _______________________________________________ College/Division _______________________
Immediate Supervisor ______________________________________ Title _________________________________
Incident Occurred - a: _______________________________________ b: ___________________________________
(Date/Time) (Specific Location)

Attach separate sheet or copies of documentation if additional space is needed.

Statement of Grievance __________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Institutional Rule Involved (if known) __________________________________________________________________
_____________________________________________________________________________________________

Adjustment Sought/Corrective Action Requested ______________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Employee Signature ______________________________ 
_____________________________________________________________________________________________

DECISION OF HEAD OF THE ADMINISTRATIVE UNIT

Head of the administrative unit’s Decision on Grievance (returned within seven class days of receipt of grievance) _____
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Head of the administrative unit Signature________ - Date:_______
Step 1: Date Answer Received by student ____________________ Accepted ______ Rejected ________

Employee Signature_________________________________________ Date ____________________________

STEP 2: Filed within seven class days of receipt of Step 1 decision

APPEAL OF HEAD OF THE ADMINISTRATIVE UNIT’S STEP 1 DECISION

I am not satisfied with the Step 1 Decision of my grievance and request that it be reviewed for the following reasons:

Appeal to Senior Vice President/Dean (name)________________________________ Title________________________

Attach separate sheet or documentation if additional space is needed

Additional Information Submitted for the review of the Step 1 Decision
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Employee Signature_________________________________________ Date ____________________________

DECISION OF SENIOR VICE-PRESIDENT/DEAN

Senior Vice President/Dean’s Decision on Review (returned within seven class days of receipt of grievance) _________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Senior Vice President/Dean’s Signature ______________________________ Date: _______________________

___________________________________________________________________________________________

THE FINAL RESOLUTION OF THE GRIEVANCE SHALL BE DETERMINED AT THIS STEP.

An undergraduate student-employee seeking to appeal a final decision must do so under the Student Appeal Procedures of the Board of Regents, State of Iowa.