

IOWA STATE UNIVERSITY
Professional & Scientific
Grievance Form for
Loss of Compensation/Loss of Job

Please note that this form should be used only for grievances regarding loss of compensation/loss of job.

Employee: _____ Title: _____

Department: _____ Date: _____

Campus Address: _____ Phone: _____

Immediate Supervisor: _____ Phone: _____

Department Head: _____

The grievance should be submitted to the principal administrative head.

Date Received: _____

(to be completed by the principal administrative head)

Statement of Complaint: (include facts, dates, etc., attach another page if necessary)

Policy/Regulation Involved:

Desired Remedy for Resolution:

Employee's Signature: _____ Date: _____

Principal Administrative Head's Decision:

Principal Administrative Head's Signature: _____ Date: _____

Only proceed to the appeal process if you are unsatisfied with the decision of the grievance.

Appeal: Submit to respective Senior Vice President or President for formation of P&S Appeal Committee

Date Received: _____

(to be completed by SVP or President)

Select appeal review type:

- P&S Appeal Committee
 Administrative Law Judge

Decision:

Senior Vice President or President's Signature: _____ Date: _____

Note: Pursuant to Board of Regents policy an appeal to the Board of Regents may be initiated only after exhausting the above grievance procedure. For procedures, see Board of Regents Policy Manual.