

**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: \_\_\_\_\_ (Date/Time) b: \_\_\_\_\_ (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

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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) \_\_\_\_\_

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Senior Vice President/Dean's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**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.