

GRIEVANCE FORM / PETITION FOR HEARING

1. Complainant's Name: _____
2. Employing Department / Unit: _____ Job Title: _____
3. Home Address: _____
4. Phone Number: _____ Email: _____
5. Explain the nature of the problem or complaint. (Conduct or action where grievance originated and date of occurrence.)

6. What communication has taken place between you and your supervisor(s) concerning the grievance?

7. What supervisor(s) are responsible for your grievance?

8. Why do you disagree with the response/action of your supervisor(s)?

9. What is your suggestion for the proper resolution of the grievance?

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10. Please list any witnesses who may have relevant information regarding the grievance.

11. Have any previous recommendations been made to resolve the issue? If so, explain.

12. If available, please provide documentation that you feel is relevant to support your grievance. (List documents and submit with this form.)

Signature: _____

Date: _____

Accessibility Statement

If you require this document in another format, please contact the [UNG ADA Coordinator](#).