

FACULTY GRIEVANCE FORM



SPG **UM-Flint Unit:** _____
 201.96 _____

- 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:	

