

KANSAS STATE UNIVERSITY
WRITTEN GRIEVANCE FORM FOR CLAIMS OF UNFAIR TREATMENT

NAME (Last, First, Middle)

SOCIAL SECURITY NO.

HOME ADDRESS (Street, City, State, Zip Code)

HOME TELEPHONE NO.

CAMPUS ADDRESS (Department, Section, Location)

CAMPUS TELEPHONE NO.

INFORMAL AND ORAL STEP (step 1)

As set out in the "Employee Grievance Procedures" section of the classified Employees' Handbook, I orally took up the grievance described below on (date) _____ with my immediate supervisor, (name) _____. Since my immediate supervisor and I were unable to mutually resolve my problem (grievance or complaint), I then contacted one or more of the following parties in an attempt to find an expedited and mutually satisfactory resolution of my problem in this oral and informal step: (Circle the parties contacted by you in Step #1.)

Section Chief Department Head Dean/Director Other (specify) _____

FORMAL WRITTEN GRIEVANCE (Step 2)

Since I have not been able to resolve my grievance by use of the informal grievance procedures, I hereby submit this grievance in writing to my Department Head or Dean/Director (name) _____ on (date) _____.

A: GRIEVANCE: The incident grieved occurred on (date and time) _____
at (location) _____

FACTS: _____

(use continuation sheet if necessary)

B: Kansas Administrative Regulation or University policy/procedures allegedly violated: _____

C: Relief Sought: _____

D: The Step #1 oral response to my grievance was: _____

E: I am appealing the oral response to my grievance for the following reasons: _____

The information given above is true and accurate to the best of my knowledge, information and belief.

Grievant signature _____ Date _____

F: I received this written grievance on (date) _____, Department Head's Signature _____

ACTION AND RESPONSE BY DEPARTMENT HEAD: _____

Department Head's Signature _____ Date _____

FORMAL APPEAL (Step 3)

I hereby appeal this grievance to the KSU Classified Employee Peer Review Committee:

Grievant signature _____ Date _____

RECOMMENDATIONS by the KSU Classified Employee Peer Review Committee : _____

Chairperson's Signature _____ Date _____

Decision on Grievance by President of Kansas State University or his designated representative:

President's Signature (or designee) _____ Date _____