

Grievance Form

**for Non-Exempt AFSCME Service Employees****Represented by American Federation of State, County, and Municipal Employees (AFSCME), Local 832, 1477, 1477-01**

Name of Grievant _____ Employee ID _____

Grievant's email _____ Career Level _____

Grievant's campus address _____ Phone _____

Name of steward or representative _____ Email _____

Steward's campus address or rep's address _____ Phone _____

Name of department involved in the grievance _____

Campus address (if known) _____

Policy, rule, regulation or specific action of a supervisor alleged to be contrary to University policy _____

Has this grievance been filed with any other University Office? Yes No

If yes, please list all offices _____

RIGHT TO REPRESENTATION: I understand that I have the right to be represented by American Federation of State, County, and Municipal Employees (AFSCME), Local 832, 1477, or 1477-01, I may also choose not to exercise this right, but I must notify the University that Union representation is being waived. If I waive this right, it is irreversible at Stage 3 and thereafter.

 I will be represented by the AFSCME Local I will **not** be represented by the AFSCME Local**STAGE 1** (If grieving a termination, go to Stage 2.) To be filed within 10 working days of incident, problem, or knowledge of it.

To (Immediate supervisor) _____

Date filed _____

 Grievant requests meeting

Date and time received _____

STAGE 2 To be filed within 10 working days following receipt of the Stage 1 response or due date.

Appealed to (dean, director, or department head) _____

Date filed _____

 Grievant requests meeting

Date and time received _____

STAGE 3 To be filed within 10 working days following receipt of the Stage 2 response or due date.

Appealed to IU Human Resources

Date filed _____

Date and time received _____

If grievance is eligible for Stage 4, the University or the Union may request either Mediation (if not a termination) or Stage 3 1/2 by notifying the other party in writing within ten (10) workdays of the Stage 3 response.



MEDIATION Yes No or **STAGE 3 1/2 Committee Hearing** Yes No

Date filed _____

Date and time received _____

Bloomington IUPUI South Bend

STAGE 4 – ARBITRATION

Date filed _____

Date and time received _____

Use the portion below to describe the nature of the grievance and the remedy requested.

If completing digitally and more space is needed download the [blank PDF](#).

NATURE OF THE GRIEVANCE (Provide a brief description of the alleged act about which the grievance is being filed. Include a statement that indicates how the alleged act is a violation of a University policy, rule, or procedure).

Date of the alleged act or knowledge of it _____

RESOLUTION REQUESTED (State what remedy you are requesting as a result of filing this grievance.)

Grievant's signature _____

Steward/grievant's representative _____

Send copies of grievance response and documentation to the [Campus Human Resources office](#).