



UNIVERSITY OF GEORGIA

GRIEVANCE POLICY PETITION FOR REVIEW

1. Date: _____

2. Complainant's name: _____

3. Employing unit: _____

4. On-campus address/address of employing unit: _____

5. Home address: _____

6. On-campus phone number: _____

7. Home and/or cell phone number: _____

8. Email address: _____

9. Nature of the complaint: _____

10. History of resolution efforts and appeal process—Please state the levels of
appeal prior to this petition: _____

11. Reason complainant disagrees with action taken by employing unit: _____

12. Complainant's requested resolution of complaint: _____

13. List of witnesses, relationship to complaint, and contact information: _____

14. Please identify and attach documents relevant to your complaint that you wish to be reviewed by the committee: _____

15. Please state whether you are requesting an oral presentation before the Grievance Committee. If you do not specifically request an oral presentation before the Grievance Committee, a review of your complaint will be based upon the written record.
