

**Alabama Agricultural and Mechanical University
Office of Human Resources**

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Staff Employee Grievance/Complaint Form

The grievance/complaint procedure for staff is in the Staff Handbook (Revised October 1993), Section 8.6. Please follow these procedures when filing a grievance/complaint.

If additional writing space is needed, you may use additional sheets and attach it to this form. Please type or print.

~ Personal Information ~

Name: _____
Address: _____
City and State: _____ Telephone number: _____

~ Employment Information ~

Position: _____ Department: _____
Immediate Supervisor: _____ Telephone number: _____

~ Grievance Information ~

The Policy states the grievance must be filed within 21 days of the event giving rise to the grievance.

Initially, the grievance must be filed with the director/supervisor of the unit, unless the director/supervisor of the unit is filing the grievance, in which case the grievance must be filed with the divisional vice president.

Indicate the type of alleged discrimination:

Race or Color _____ Religion _____ Age _____
National origin _____ Handicap _____ Sex _____

Other (please specify) _____

Explanation of grievance/complaint and date it occurred (include identification of any University policy violated).

What unit, supervisor, or other employee discriminated against you?

Unit: _____

Name of person (if known): _____ Telephone: _____

Address: _____

City and State: _____ Zip Code: _____

What action, if any, has been taken so far? _____

What corrective action is desired at this time? _____

Have you filed a complaint/grievance with any other agency? _____

If yes, with whom: _____

~ Chain of Communication ~

The director/supervisor of the unit shall respond to the grievance in writing within 20 working days of receiving the grievance.

Date grievance/complaint initially discussed with immediate supervisor: _____

Date decision received from immediate supervisor: _____

Were you pleased with the decision from the immediate supervisor? _____

If applicable, complete the sections below:

If the director/supervisor of the unit fails to respond within the required period or if the response is unacceptable to the employee(s), the grievance may be appealed to the Director of Human Resources. This appeal must be made within 21 days of receipt of the response from the director/supervisor of the unit or within 21 days of when that response was due, whichever occurs earlier.

Date grievance/complaint discussed with Director of Human Resources: _____

Date decision received from Director of Human Resources: _____

Were you pleased with the decision from the Director of Human Resources? _____

If the Director of Human Resources fails to respond within the required period, or if the response is unacceptable to the employee(s), the grievance may be appealed to the divisional vice president. This appeal must be made within 21 days of receipt of the response from the Director of Human Resources or within 21 days of when that response was due, whichever occurs earlier.

Date grievance/complaint discussed with divisional vice president: _____

Date decision received from divisional vice president: _____

Were you pleased with the decision from the divisional vice president? _____

The divisional vice president shall respond to the grievance in writing within 20 working days of receiving the grievance. If the divisional vice president fails to respond within the required period or if the response is unacceptable to the employee(s), an appeal may be filed with the President. The President or his/her designee shall respond to the grievance in writing within 20 working days of receiving the grievance.

Date grievance/complaint discussed with the President: _____

Date decision received from the President: _____

Were you pleased with the decision from the President? _____

