

**University of Arkansas
Formal Grievance
Employee Form**

Name: _____

Mailing Address: _____

Email address: _____

Phone Number: (home) _____ (work) _____ (cell) _____

Department: _____ Job Title: _____

Person to who the Grievance is addressed: _____

Your immediate supervisor: _____

Department Head's Name: _____

Describe the complaint(s) in detail:
(Attach additional pages if necessary)

Identify specifically what you want the University to do to resolve your complaint:
(Attach additional pages if necessary)

In filing this grievance I agree to accept the conditions as set forth in the University of Arkansas Staff Grievance Procedure.

Grievants Signature

Filing Date