

IOWA STATE UNIVERSITY
Professional & Scientific
Grievance Form for
Employment/Working Conditions

Please note that this form should only be used for grievances regarding your employment/working conditions.

Employee: _____ Title: _____

Department: _____ Date: _____

Campus Address: _____ Phone: _____

Immediate Supervisor: _____ Phone: _____

Department Head: _____

The grievance should be submitted to immediate supervisor.

Date Received: _____
(to be completed by supervisor)

Statement of Complaint: (include facts, dates, etc., attach another page if necessary)

Policy/Regulation Involved:

Desired Remedy for Resolution:

Employee's Signature: _____ Date: _____

Supervisor's Decision:

Immediate Supervisor's Signature: _____ Date: _____

Only proceed to Step 1 if you are unsatisfied with the decision of the grievance.

Appeal: Step 1: Submit to Department Head

Decision: _____ Date Received: _____
(to be completed by department head)

Department Head's Signature: _____ Date: _____

Appeal: Step 2: Submit to Administrative Head

Decision: _____ Date Received: _____
(to be completed by principal administrative head)

Principal Administrative Head's Signature: _____ Date: _____

Appeal: Step 3: Submit to respective Senior Vice President or President for formation of P&S Appeal Committee

Decision: _____ Date Received: _____

Senior Vice President or President's Signature: _____
Date: _____

Note: Pursuant to Board of Regents policy an appeal to the Board of Regents may be initiated only after exhausting the above grievance procedure. For procedures, see Board of Regents Policy Manual.