

**IOWA STATE UNIVERSITY**  
Professional & Scientific  
Grievance Form for  
Loss of Compensation/Loss of Job

*Please note that this form should be used only for grievances regarding loss of compensation/loss of job.*

Employee: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Head: \_\_\_\_\_

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*The grievance should be submitted to the principal administrative head.*

Date Received: \_\_\_\_\_

*(to be completed by the principal administrative head)*

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

Policy/Regulation Involved:

Desired Remedy for Resolution:

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Administrative Head's Decision:

Principal Administrative Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Only proceed to the appeal process if you are unsatisfied with the decision of the grievance.*

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

Date Received: \_\_\_\_\_

*(to be completed by SVP or President)*

Select appeal review type:

☐ P&S Appeal Committee

Decision:

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.*