



GRIEVANCE FORM / PETITION FOR HEARING

1. Complainant's Name: \_\_\_\_\_
2. Employing Department / Unit: \_\_\_\_\_ Job Title: \_\_\_\_\_
3. Home Address: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
5. Explain the nature of the problem or complaint. (Conduct or action where grievance originated and date of occurrence.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What communication has taken place between you and your supervisor(s) concerning the grievance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What supervisor(s) are responsible for your grievance?  
\_\_\_\_\_
8. Why do you disagree with the response/action of your supervisor(s)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What is your suggestion for the proper resolution of the grievance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNIVERSITY of NORTH GEORGIA  
GRIEVANCE FROM / PETITION FOR HEARING