

Date: _____

Number: _____



SBU GRIEVANCE REPORT

The University of Akron and Communications Workers of America



Grievant Name: _____ Employee ID: _____ Seniority Date: _____

Date(s) of Occurrence/Action Giving Rise to Grievance: _____

Title & Department: _____ Supervisor's Name: _____

Violations (Articles/Sections): _____

Brief Statement of Relevant Facts: _____

Specific Relief Requested: _____

****Section to be completed by the grievant****

INFORMAL MEETING: Date of Meeting: _____ Date of Verbal Response: _____

Management Representative: _____ CWA Representative: _____

Informal Meeting Disposition: Settled Denied Recessed to (date): _____

Appeal to First Step: Yes No

****Section to be completed by the supervisor and returned to the grievant****

STEP ONE: Date of Meeting: _____ Date of Written Response: _____

Management Representative: _____ CWA Representative: _____

Informal Meeting Disposition: Settled Denied Recessed to (date): _____

Appeal to Second Step: Yes No

****Attach a Copy of the Written Response to this Grievance Report****

****Section to be completed by The Department of Talent Development and Human Resources****

STEP TWO: Date Submitted to TD&HR: _____ Date Received by TD&HR: _____

Date of Grievance Meeting: _____ Date of Final Written Decision: _____

****Attach a Copy of the Final Written Decision to this Grievance Report****