

UNIVERSITY OF ILLINOIS
Chicago • Springfield • Urbana-Champaign

Office of Human Resources
Human Resource Building, Room 30
University of Illinois at Springfield
One University Plaza, MS HRB 30
Springfield, Illinois 62703

UIS GRIEVANCE FORM

GRIEVANT NAME: _____

CAMPUS ADDRESS/PHONE: _____

DATE OF ALLEGED VIOLATION: _____

STATEMENT OF GRIEVANCE: _____

STATEMENT OF HARM CLAIMED TO HAVE RESULTED FROM VIOLATION:

REMEDY SOUGHT: _____

ALLEGED VIOLATIONS OF APPLICABLE UNIVERSITY RULES/REGULATIONS (please include specific policies and rules allegedly violated): _____

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Grievant Signature

Date

ACKNOWLEDGEMENT OF FILING

The undersigned acknowledges that on _____ the foregoing grievance
(date)

was filed with the University Grievance Administrator (Check One) _____ by personal

delivery **or** _____ received by certified or registered mail, return receipt requested.

University Grievance Officer or Designee

Date