

NationsUniversity®

GRIEVANCE PROCEDURE GRIEVANCE FORM

Grievance Form 02.24.17

I. Grievance

Full Name:	Employee ID No. or Student ID if applicable:	Job title or relationship to NU if applicable:	
Agency Name:		Facility Name:	
Home Address:	Work Telephone No. () - ext. Work E-mail Address:	Home Telephone No. () - Home E-mail Address:	
Date Grievance Occurred:	Role Title:		
The issues are (use attachments if necessary):			
The facts supporting this are (use attachments if necessary):			
The relief I want is (use attachments if necessary):			
Date:	Signature:		
<i>Grievances must be submitted within 60 calendar days of the date the employee or student knew or should have known of the issue being grieved. The NU Grievance Procedure instructions located in the student catalog or NU's Policy Manual, available on NU's website, contains complete instructions for initiating, processing, and pursuing grievances. Contact the University's compliance officer if you have any questions, at student.services@nationsu.edu</i>			

II. First Resolution Stage (Compliance or other designated University administrator reviews grievance attempts to resolve)

Date Received: _____		
Response (use attachments if necessary): 		
Date:	First Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Employee's / student's/ volunteer's response (check one): <input type="checkbox"/> I advance (did not agree with the initial response given to me) my grievance to the second step.		
<input type="checkbox"/> I conclude my grievance and am returning it to the University's compliance officer		
Employee's, student's or volunteer's comments (optional - [use attachments if necessary]): 		
Date:	Employee's, student or volunteer's Signature:	

III. Second Resolution Stage (Chancellor or other designated senior administrator and one person that is not attached to NU will review grievance and attempt to resolve)

Date Received: _____		Date of Meeting: _____
Response (use attachments if necessary): 		
Date:	Second Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Employee's / student's/ volunteer's response (check one): <input type="checkbox"/> I advance my grievance to the third step.		
<input type="checkbox"/> I conclude my grievance and am returning it to the compliance officer		
Employee's, student's or volunteer's comments (optional - [use attachments if necessary]): 		
Date:	Employee's/student/volunteer's Signature:	

IV. Third Resolution Stage (Board of trustees (2) review and attempt to resolve)

Date Received:		
Response (use attachments if necessary):		
Date:	Third Step Respondent's Signature:	Telephone No.: () - ext.
Date Received: _____		
Employee's / student's/ volunteer's response (check one):		
<input type="checkbox"/> I conclude my grievance and am returning it to the Compliance Officer.		
Employee's comments (optional - [use attachments if necessary]):		
Date:	Employee's/student/volunteer's Signature:	
<i>NOTE: At any time before, during or after any grievance process you have the right to contact the state board of education or any other governmental agency.</i>		