

**Appendix C**  
**Grievance**

I. Grievant	Step I Grievance Representative
Name: _____	Name: _____
University: _____	Mailing Address: _____
College: _____	_____
DEPT: _____	_____
Office Phone: _____	Office Phone: _____

If grievant is represented by UFF-USF-GAU or legal counsel, all University communications should go to the grievant's representative as well as the grievant.

Other address to which University mailings pertaining to grievance shall be sent:

\_\_\_\_\_  
\_\_\_\_\_

II. Grievance

Provisions of Agreement allegedly violated (specify Articles and Sections):

\_\_\_\_\_

Statement of grievance (must include date of acts or omissions complained of):

\_\_\_\_\_

Remedy sought:

\_\_\_\_\_

III. Authorization

I will be represented in this grievance by: (check one – representative must sign on appropriate line):

_____	UFF-USF-GAU	_____
_____	Legal Counsel	_____
_____	Myself	_____

I UNDERSTAND AND AGREE THAT BY FILING THIS GRIEVANCE, I WAIVE WHATEVER RIGHTS I MAY HAVE UNDER CHAPTER 120 OF THE FLORIDA STATUTES WITH REGARD TO THE MATTERS I HAVE RAISED HEREIN AND UNDER ALL OTHER UNIVERSITY PROCEDURES WHICH MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

This grievance was filed with the Associate Provost and Dean of the Graduate Dean on \_\_\_\_\_, by (check one) mail (certified or registered; restricted delivery; return receipt requested); personal delivery \_\_\_\_\_.

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Signature of Grievant

(Grievant must sign if grievance is to be processed.)

Date received by the Associate Provost and Dean of the Graduate School: \_\_\_\_\_

Copies of the Step 1 Decision shall be sent to:

Grievant

Step 1 Representative

Faculty Supervisor