

**UPTe RESEARCH  
UNIT GRIEVANCE  
FORM**

Allegations of a violation of the Research Professionals Agreement in effect between the University and UPTe must be filled in on this form. See your Agreement for details regarding the filing of a grievance. PLEASE PROVIDE THE INFORMATION REQUESTED IN ACCORDANCE WITH ARTICLE 7, GRIEVANCE PROCEDURE OF THE RESEARCH PROFESSIONALS UNIT AGREEMENT.

GRIEVANT'S NAME

NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR

CAMPUS / MEDICAL CENTER /  
LABORATORY

DEPARTMENT / DIVISION

WORK TELEPHONE

EMPLOYEE CLASSIFICATION TITLE

NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT TO  
GRIEVANT

EMPLOYEE EMPLOYMENT STATUS \_\_\_ Career/Regular \_\_\_ Probationary \_\_\_ Full  
Time \_\_\_ Casual/Temporary \_\_\_ Per Diem \_\_\_ Part Time

GRIEVANT'S NORMAL HOURS OF  
WORK

IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:

REPRESENTATIVE'S NAME

REPRESENTATIVE'S  
ORGANIZATION

REPRESENTATIVE'S TELEPHONE NUMBER

REPRESENTATIVE'S NON-WORK ADDRESS, CITY, STATE, ZIP

TYPE OF GRIEVANCE:

\_\_\_ INDIVIDUAL \_\_\_ GROUP (LIST ALL GRIEVANTS)

\_\_\_ UNION (MUST BE SIGNED BY THE PRESIDENT OR  
DESIGNEE)

SPECIFIC ARTICLE(S) & SECTION(S) OF THE CONTRACT  
ALLEGED TO BE VIOLATED:

DATE OF ACTION CAUSING  
GRIEVANCE

\_\_\_ / \_\_\_ / \_\_\_

DATE OF INFORMAL DISCUSSION WITH  
SUPERVISOR

\_\_\_ / \_\_\_ / \_\_\_

DATE OF INFORMAL RESPONSE

\_\_\_ / \_\_\_ / \_\_\_

ALLEGED VIOLATION OF AGREEMENT

REMEDY REQUESTED

GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE

DATE

### GRIEVANCE REVIEW -- STEP 1

DATE STEP 1 GRIEVANCE RECEIVED BY UC:	DATE OF UC RESPONSE:	
STEP 1 DECISION		
SIGNATURE OF STEP 1 REVIEWER	PRINTED NAME AND TITLE OF STEP 1 REVIEWER	TELEPHONE NUMBER
<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THE STEP 1 RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW)	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE
SUBJECT OF GRIEVANCE AT STEP 2, IF DIFFERENT THAN SUBJECT OF GRIEVANCE AT STEP 1.		

### GRIEVANCE REVIEW -- STEP 2

DATE STEP 2 APPEAL POSTMARKED/HAND-DELIVERED	DATE STEP 2 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 2 REVIEWER	PRINTED NAME AND TITLE OF STEP 2 REVIEWER		
<input type="checkbox"/> I DO NOT ACCEPT AND APPEAL THE STEP 2 RESPONSE TO THE SECOND STEP (STATE SUBJECT BELOW)	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE	
SUBJECT OF GRIEVANCE AT STEP 3, IF ANY ISSUE(S) OF GRIEVANCE AT STEP 2 HAS BEEN RESOLVED.			

### GRIEVANCE REVIEW -- STEP 3

DATE STEP 3 APPEAL POSTMARKED/HAND-DELIVERED	DATE STEP 3 APPEAL RECEIVED BY UC	DATE OF UC RESPONSE	DECISION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF STEP 3 REVIEWER	PRINTED NAME AND TITLE OF STEP 3 REVIEWER		