TO: Georgia State University  
Employee Relations  

FROM: [Full Name]  
[Title], [University Unit/Department]  

RE: Grievance Complaint Form  
Board of Review Grievance Hearing  

DATE: [Grievance Form Date]

[COMPLAINANT NAME]  
GRIEVANCE COMPLAINT

This Grievance Form outlines my grievance(s) concerning Respondent:

I. Grievance Complaint
   A. Respondent
      [Include the Name/Title/Department of the Respondent.]
   B. Date of Adverse Action
      [Include the date of the adverse action.]
   C. Grievance Type
      Please indicate the type of grievance you are seeking:
      [ ] Involuntary Termination;
      [ ] Suspension or Demotion; or
      [ ] Adverse action or decision that allegedly violates, misinterprets, or improperly applies a specific University policy, procedure, rule, or regulation.
   D. Facts
      [Please provide a thorough written explanation of the exact nature of your allegations, including relevant dates.]
   E. University Policy/Rule/Procedures
      [Identify the specific University policy, rule, or procedure allegedly violated, if applicable.]
   F. Specific Remedy Requested
      [Identify the specific remedy you are seeking.]
II. Mediation

I [am/am not] open to engaging in mediation in order to attempt to resolve this issue in lieu of a Board of Review Hearing. I understand that I shall still have the option to discuss these issues with the Board of Review if mediation is not successful.

GRIEVANT’S RELEVANT DOCUMENTATION

Enclosed with my Grievance Form are the following documents:

1. Exhibit A: [Brief Description of Document and Why Relevant.]

2. Exhibit B: [Brief Description of Document and Why Relevant.]

[Add additional lines as needed.]

[If you are not attaching any Exhibits, this Section may be deleted.]

GRIEVANT’S LIST OF WITNESSES

The following persons have personal knowledge regarding the allegations and I intend to call them during the Board of Review Hearing to speak about the following:

1. Witness # 1: [Witness Name], [Title], [Department] – [Brief Description of What Witness will discuss at Hearing.]

2. Witness # 2: [Witness Name], [Title], [Department] – [Brief Description of What Witness will discuss at Hearing.]

[Add additional lines as needed.]

[If you are not calling any Witnesses, this Section may be deleted.]

GRIEVANT’S ADVISOR

My advisor during this Grievance process will be [Name], [Title], [Email Contact Information], [Phone Contact Information]. My advisor [is/is not] an attorney representing me during this process.

[If you are not using an Advisor, this Section may be deleted.]

GRIEVANT CONTACT INFORMATION

Fill out the information where the University will contact you with details concerning your Grievance.

Address: 

City/State/Zip: 

Home/Cell Phone: 

Work Phone: 

Page 2 of 3
Work Email: _________________________________________________________________

Personal Email: ____________________________________________________________

SIGNATURE

The above information is true and accurate to the best of my knowledge.

Signature: __________________________________________________________________

Date: ____________________________________________________________________