

UNDERGRADUATE GRIEVANCE FACT FORM

It is mandatory to fill in the information and provide documents with (*) mark.

GRIEVANT INFORMATION			
NAME	(First)		DATE
	(Middle)		CONTACT NUMBER
	(Last)		DEPARTMENT
EMAIL			
TRAINING SITE			
* DETAILS OF EVENT LEADING TO GRIEVANCE			
WHO WAS INVOLVED? Provide names and titles. Include witnesses.			
WHEN DID IT OCCUR? Date and time			
WHERE DID IT OCCUR? Specific locations			
WHAT HAPPENED? Describe the event in detail. Also, describe any incidents giving rise to the grievance.			
WHY IS THIS A GRIEVANCE? List all policies, procedures and guidelines violated in the event described.			
WHAT ADJUSTMENT IS REQUIRED? Describe what must be done to correct the situation / problem.			
ADDITIONAL COMMENTS Attach documents, if needed.			

Please retain a copy of this form for your own records. As the grievant, your signature below indicates that the information you've provided on this form is truthful.

GRIEVANT SIGNATURE	DATE

RECEIVED BY: PRINTED NAME AND SIGNATURE	DATE

