

UNT Staff Grievance Review Form

Grievances must be handled in accordance with UNT Policy 05.042. Grievances must be submitted to Human Resources within ten (10) work days of the action or condition giving rise to the grievance.

Contact Information	
Employee Name:	Employee ID#:
Address:	Qty, State, Zip:
Job Title:	Department:
Supervisor:	Date of Hire:
Contact Phone #:	Email Address:

1. Explain the nature of your grievance including names of all person(s) involved, dates(s) of incident(s) and specific facts. Relevant documents may be attached.

2. Explain any attempts you have made to resolve your concern and how they have been successful or unsuccessful.

3. List any UNT policies you believe were violated.

4. State the resolution you are seeking.

By signing this form you certify/ acknowledge that the above statements, and those attached, are true and correct according to your personal knowledge.

Employee's Signature: _____

Today's Date: _____

NOTE: This completed form should be sent directly to Human Resources. For questions regarding this form or the related policy, contact Human Resources at 940-565-2281.