AUSTIN PEAY STATE UNIVERSITY EMPLOYEE GRIEVANCE/COMPLAINT FORM

(Print or Type)

CHECK	APPROPRIATE ACTION:	GRIEVANCE	COMPLAINT
1.	Name		
2.	Position		
3.	Department		
4.	Name of immediate supervisor		
5.	Date grievance/complaint initially discussed with immediate supervisor		
6.	Date decision received from immediate supervisor		
7.	Name of next-higher-level supervisor		
8.	Date grievance/complaint initially discussed with next-higher-level supervisor		
9.	Date decision received from next-higher-level supervisor		
10.	Name of Division Head		
11.	Date grievance/complaint initially discussed with Division Head		
12.	Date decision received from Division Head		
13.	Explanation of grievance/complaint (Include identification of any University policy violated):		
14.	Corrective action desired		
	Employee's Signature		Date