



UNIVERSITY OF HOUSTON-DOWNTOWN
STAFF GRIEVANCE INTAKE AND RESOLUTION FORM

Date

To: Employee Relations Department

From:

Last Name

First Name

Employee Title:

Reason for Complaint:

DETAILS OF GRIEVANCE: State the details of your grievance.

WITNESSES: State the names and contact information of anyone who may have witnessed or may have first-hand knowledge of the nature of the grievance.

EXPECTED OUTCOME: State what outcome or resolution you expect as a result of filing this grievance.

I believe the information contained herein to be true and factual.

Employee Signature

HEARING PANEL RECOMMENDED FINDINGS

Was there a violation of any University of Houston-Downtown policy?

No (If not, the Hearing Panel is hereby dismissed. Thank you for your service.)

Yes (If Yes, what policies and / or procedures were not followed?)

Chair, Hearing Panel Signature

Date

PRESIDENT'S ACTION

Accepts Panel's recommended finding

Rejects Panel's recommended finding

Remand case to Panel

President's Signature

Date

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Hearing Panel Findings to VP, ESO

Hearing Panel Findings to President

Final Ruling Notice from President to all Parties