

GRIEVANCE FORM - STEP 2

South Dakota Board of Regents

Institution _____ Date _____

Name _____

Department or division _____

Address to which mailings pertaining to this grievance will be sent:

Provision(s) of agreement violated (for each provision, stipulate division and section):

Statement of grievance: Be specific. (Document a specific factual basis for the complaint that, if proven, would establish that an action attributable to the administration deprived the individual employee of a right arising under such term or provision. A faculty unit member may not rely upon mere conclusions, general allegations and speculative statements to establish a factual ground for the claim that a provision has been misinterpreted, misapplied or a violation. Faculty unit members must cite specific facts and circumstances known to them first hand or to another first hand who is willing to testify to their existence or established through official governmental publications or other published documents whose authenticity and reliability cannot reasonably be doubted, together with such factual inferences as may be drawn from such facts.):

Remedy desired:

Evidence of informal adjustment attempted:

I will be represented in this grievance by:

COHE _____

Legal Counsel _____

Myself _____

I request the intervention or assistance of a peer faculty committee at Step 3: YES NO

Signature of grievant: _____

Date of filing: _____

Received by: _____

Position title: _____