

The University of West Florida
University Work Force

Statement of Grievance

Last Name **First Name** **MI** **Maiden Name**

Department **Position Title** **Position Number**

Immediate Supervisor **Department Head**

Expression of Grievance: (Attach additional pages as needed)

Employee's Proposed Solution: (Attach additional pages as needed)

Employee's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date filed at this step: _____ Date of Response: _____

Respondent Signature: _____ Date: _____