

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Department Head: \_\_\_\_\_

Type of action you are grieving\*:

*(NDSU Policy 231)*

*(NDSU Policy 230)*

Dismissal

Salary Decision

Demotion

Other working conditions

Reduction-in-force

Suspension without pay

*\*For claims of illegal discrimination based on race, color, religion, sex national origin, age, disability, Vietnam era veteran's status or sexual orientation, please contact the NDSU Director of Equal Opportunity.*

Date(s) action you are grieving occurred: \_\_\_\_\_

Briefly describe what happened. Identify the person if this grievance is directed against the action(s) of a specific individual. Please be sure your statements are related specifically to the action(s) you are grieving (attach additional sheets as necessary):

Form continued on next page.

Are there any policies or laws that you believe have been violated? If so, please list:

What outcome/action are you seeking as a result of your grievance?

The information I have provided above is correct and complete to the best of my knowledge and belief. I understand this grievance form and any accompanying statements or documents will be provided to the person(s) against whom this grievance is filed. To preserve the dignity of all parties, I understand these materials should be used only for purposes related to this grievance. However, I also understand these materials are subject to the open records laws of the the State of North Dakota.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please print this form.**

**Send this form to :**  
Human Resources/Payroll  
Dept 3140 PO Box 6050  
Fargo ND 58108-6050

Phone (701) 231-8961  
Fax (701) 231-9686