

Date Received \_\_\_\_\_

Date Resolved \_\_\_\_\_

# New Jersey Institute of Technology Professional Staff Association/AAUP

## GRIEVANCE REPORT

This form is to be used **as a guide** to draft a grievance based on a violation of the PSA/AAUP contract or an arbitrary or capricious administrative decision made against any member of the bargaining unit. **The actual grievance you would submit must be in a memo or letter format, in accordance with the procedures outlined in the contract.**

1. Your name \_\_\_\_\_ Campus Phone \_\_\_\_\_  
Position \_\_\_\_\_ Department \_\_\_\_\_  
E-mail \_\_\_\_\_ Dean or Director \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Your grievance is based on:

Contract Violation. Cite Provision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arbitrary and/or capricious administrative decision.

Harassment and/or discrimination based on:

Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>
Marital Status	<input type="checkbox"/>	Military classification	<input type="checkbox"/>		
National Origin	<input type="checkbox"/>	Race or Color	<input type="checkbox"/>		
Religion	<input type="checkbox"/>	Gender	<input type="checkbox"/>		

3. Incident causing grievance and occurred on or about:

\_\_\_\_\_  
\_\_\_\_\_

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4. Describe briefly the violation or act that occurred. Include the name(s), job title(s), and department(s) of the person(s) involved. Use extra sheets if necessary.

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5. Relief Sought:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***For Grievance Committee Use:***

Date of Incident: \_\_\_\_\_

	Deadline	Filed	Hearing	Officer	Response Deadline	Response Received
Step 1						
Step 2						
Step 3						
Step 4						

Step 4 authorization date: \_\_\_\_\_

Resolution:

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