

**University of Central Florida  
Grievance Form for Non-Unit Faculty and A&P  
Regulation 6C7-3.0132**

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

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

Division: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

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

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

Campus Phone: \_\_\_\_\_

University Regulation Violated:

Statement of grievance including date of act(s) or omission(s) complained of:

Remedy Sought:

I will be represented in this grievance by: (check one)

Myself       Legal Counsel       Other, Specify \_\_\_\_\_

I do  do not  want a postponement for up to 25 days to seek further informal resolution of this grievance.

I understand that this grievance will not be processed if the act(s) or omission(s) complained of herein are, or become, the subject of any other administrative or judicial proceeding.

This grievance was filed with the Vice President of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by (check one)

Certified or registered, restricted delivery, return receipt requested mail

Personal Delivery \_\_\_\_\_

Signature of Grievant: \_\_\_\_\_

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

Office of the Vice President by: \_\_\_\_\_