

**NON-SENATE ACADEMIC APPOINTEE GRIEVANCE FORM\***

An appointee filing a grievance under the provisions of CAPM 008.140 must complete Parts I and II of this form and file it with the campus Academic Personnel Office within 30 calendar days of the incident. Campus grievance policies and procedures for non-Senate academics are located at: <http://apo.ucsc.edu/policy/capm/008.140.html>.

<b>PART I – EMPLOYEE INFORMATION</b>		
EMPLOYEE NAME		WORK PHONE NUMBER
HOME ADDRESS, CITY, STATE, ZIP		EMPLOYEE PAYROLL TITLE
DEPARTMENT	SUPERVISOR'S NAME AND WORK PHONE NUMBER	
<b>PROVIDE THE FOLLOWING INFORMATION IF SOMEONE IS REPRESENTING YOU IN THIS COMPLAINT</b>		
REPRESENTATIVE'S NAME	REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S PHONE NUMBER
REPRESENTATIVE'S ADDRESS, CITY, STATE, ZIP		
<b>PART II – SUMMARY OF COMPLAINT</b>		
DATE OF ACTION CAUSING COMPLAINT	DATE OF INFORMAL DISCUSSION WITH SUPERVISOR	DATE OF INFORMAL RESPONSE
SPECIFIC POLICY SECTION(S) ALLEGED TO BE VIOLATED		
DESCRIBE THE SPECIFIC ACTION(S) ALLEGED TO BE IN VIOLATION OF UNIVERSITY POLICY AND HOW THE ACTION(S) AFFECTED YOUR TERMS AND CONDITIONS OF EMPLOYMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.		
REMEDY REQUESTED		
EMPLOYEE AND/OR REPRESENTATIVE'S SIGNATURE		DATE