

**FACULTY GRIEVANCE FORM\***

_____	_____	_____
NAME OF GRIEVANT		DATE
_____	_____	_____
DEPARTMENT/SCHOOL	COLLEGE	RANK

Nature of the Grievance & Person/s Grieved Against

Relief Sought:

Please attach a list of witnesses and relevant documents.

\_\_\_\_\_  
SIGNATURE

\* To initiate a grievance, file this form with the University Ombudsman.

Received by: \_\_\_\_\_  
NAME OF OMBUDSMAN DATE RECEIVED