

APPENDIX B
Grievance Report Form

INFORMAL DISCUSSION

**Must be filed to the CAO, or their designee, within fifty-five (55) calendar days after the Grievant knew or should have known of the act or condition on which the grievance is based.*

Date Incident Occurred: _____

Date Informal Discussion Requested: _____

Meeting Requested by: _____

Chief Academic Officer (CAO) or designee: _____

Summary of Reason for Informal Discussion:

Grievant or FSA Representative Signature: _____ Date: _____

Date Informal Discussion Occurred: _____

Location of Informal Discussion: _____

Attendees at Informal Discussion:

To be completed by Grievant (check one of the following options below):

I am satisfied with the result(s) of the informal meeting.

I am not satisfied with the informal meeting result(s) and elect to file a Formal Step One grievance.

Grievant or FSA Representative Signature: _____ Date: _____