



MERIT SYSTEM GRIEVANCE FORM

Employee name:

Department:

Job title/position:

Phone:

Email:

University or Merit rules violated:

Brief description of the complaint/dispute (include specific details and incident date(s)):

Action/remedy requested:

Employee signature:

Date:

Email a copy of this form to: immediate supervisor, elr-help@uiowa.edu, and uihc-elr@uiowa.edu

Received by:

Date:

Employee/grievant:

STEP 2: I am filing this grievance at Step 2 to my unit/dept. administrative head:

Employee signature:

Date:

ATTACH: Step 1 response

Email a copy of this form to: immediate supervisor, elr-help@uiowa.edu, and uihc-elr@uiowa.edu

Received by:

Date:

STEP 3: I am filing this grievance at Step 3 to the head of my major functional or administrative unit:

Employee signature:

Date:

ATTACH: Steps 1 and 2 responses

Email a copy of this form to: immediate supervisor, elr-help@uiowa.edu, and uihc-elr@uiowa.edu

Received by:

Date:

STEP 4: Appeal for a hearing before an arbitrator should be directed to the Merit System Director, Board of Regents, State of Iowa, 11260 Aurora Avenue, Urbandale, IA 50322-7905. Any appeal must be in writing and signed and dated by the employee/grievant. The employee initiating the appeal and the university will share fees charged by the selected arbitrator equally.