FORM A

UNIVERSITY OF CINCINNATI GRADUATE SCHOOL

GRADUATE STUDENT GRIEVANCE STATEMENT

DATE SENT: ________________________________

TO: APPOINTING ADMINISTRATOR:

(name)

Unit Head
(for grievance against faculty, committee, or agency
associated only with unit)

(name)

or College Dean
(for grievance against unit head, faculty in two or more
units of college, or college-wide agency)

(name)

or Graduate School Dean
(for grievances against faculty in two or more colleges,
a university-wide agency, or a college dean)

FROM:

Grievant’s name (please print) Grievant’s signature

Degree Program, Department, College

Postal address

e-mail address Phone number

PERSON(S) AGAINST WHOM GRIEVANCE IS DIRECTED:

BRIEF STATEMENT AND CHRONOLOGY OF GRIEVANCE: (Attach one additional sheet if desired.)

Upon receipt of this form by the Appointing Administrator, he/she must send copies to the dean responsible for the unit(s) and college involved and to the Graduate School Dean. Upon his/her appointment of a Facilitator, the Appointing Administrator must send a copy of this form to the Facilitator.

GS/11/05