

Grievance Procedure, Non-Senate Academic Appointees

To be used by non-Senate academic appointees when filing a Step II Formal Grievance under APM 140. This form and supporting materials must be filed with the Grievance Liaison at UCSF Office of Academic Affairs, at Claire.Grote@ucsf.edu, within 30 calendar days from the date on which the appointee knew, or could be expected to know, of the event or action that gave rise to the grievance, or within 30 calendar days after the date of separation, whichever is earlier. Attempts at informal resolution do not extend this time limit unless a written extension is granted by the grievance liaison.

Name: (please print): _____

Title: _____ Department: _____

Telephone #: _____ E-mail address: _____

A grievance is defined as a complaint that alleges that:

- a specific administrative act was arbitrary or capricious and adversely affected the appointee's then-existing terms or conditions of employment; and/or
- a violation of applicable University rules, regulations, or Academic Personnel policies occurred which adversely affected the appointee's then-existing terms or conditions of employment.

If this grievance alleges a specific administrative act was arbitrary or capricious, please complete the following:

Specific administrative act(s) to be reviewed: _____

Date action taken: _____ By whom: _____

Description of how the administrative act was arbitrary or capricious: _____

If this grievance alleges a violation of applicable University rules, regulations, or Academic Personnel policies, please complete the following:

Applicable rules, regulations or policies alleged to have been violated: _____

Date the violation occurred: _____ By whom: _____

Description of how the rules, regulations or policies have been violated: _____

FOR ALL GRIEVANCES:

State how the alleged act or violation adversely affected the grievant's then-existing terms and conditions of employment:

Describe remedy requested:

Provide dates of attempted informal resolution and persons contacted:

PLEASE ATTACH ADDITIONAL PAGES AS NEEDED.

If you elect to be represented in the grievance by an individual or organization, please provide the name, address and phone number of the individual who will represent you.

Name: _____

Address: _____

Phone: _____ E-mail: _____

Appointee's signature:_____

Date:_____

Preferred address for receipt of grievance-related documents:
