

FORM A

**UNIVERSITY OF CINCINNATI GRADUATE COLLEGE
GRADUATE STUDENT GRIEVANCE STATEMENT**

DATE SENT: _____

TO: APPOINTING ADMINISTRATOR:

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

Date received
(to be recorded by recipient)

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

Date received
(to be recorded by recipient)

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

Date received
(to be recorded by recipient)

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, they must send copies to the dean responsible for the unit(s) and college involved and to the Graduate College Dean. Upon their appointment of a Facilitator, the Appointing Administrator must send a copy of this form to the Facilitator.