

FORM A

**UNIVERSITY OF CINCINNATI GRADUATE SCHOOL
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 School 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, 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/10/09