



Merit System Grievance Form



Employee Name: _____

Department: _____

Job Title/Position: _____

Phone: _____

Email: _____

Would you prefer to have a support person (or persons) present? ___Y ___N

If yes, please indicate the name(s) of the individuals: _____

Please refer to Section 28.3b of the University of Iowa Operations Manual for additional information regarding support persons.

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: _____

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: unit/dept. head, 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: Senior HR Leader, 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.