Eastern Michigan University

University Advising & Career Development Center

Student Employment Grievance Form

Name: _____ Student Number: _____

Phone: (day) _____ (eve)_____ Address: _____

Incident Date: _____ Student(s) or Staff Member(s) involved: _____

_____

Date of informal discussion with direct supervisor: _____
(as referenced in EMU Conditions of Employment/Student Personnel Policy/Employee Grievance Procedure)

Brief description of grievance_____

_____

_____

_____

_____

_____

_____

Desired Resolution by
Complainant_____

_____

_____

_____

_____

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_____

I hereby attest that the above information is true to the best of my knowledge

_____ _____ _____
Student's Name Student's Signature Date

_____ _____ _____
UACDC Representative
hearing complaint (name/title) Signature Date