

GRIEVANCE FILING FORM

The UNMC grievance process provides an opportunity to review certain employment and civil rights matters. Please review the Employee Grievance Process Policy #1020.

Employees who have not successfully completed their six (6) month post-hire probationary period are not eligible to access the grievance process.

You must submit this grievance filing form within 20 workdays of the event that you are grieving; otherwise your grievance cannot be accepted.

Part 1: Personnel Information

Grievance Submitted by:

Last Name _____ First Name _____ Middle _____

UNMC Date of Hire: _____ Today's Date: _____

Check One: ☐ Faculty ☐ Managerial/Professional ☐ Office Service ☐ Other: _____

Note: Faculty may access this Grievance process for Equal Employment Opportunity issues (see Part 2). For other types of complaints Faculty must use the Faculty Senate Grievance Process

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Department Hire Date: _____ PIN Number: _____

UNMC Department: _____ Unit _____

Supervisor: _____ Supervisor's Phone: _____

Employee Signature _____

Part 2: Type of Grievance

☐ Corrective/Disciplinary Action (specify type)

☐ Written Warning Notice (UNMC Corrective & Disciplinary Action Policy #1098)

☐ Suspension without Pay (UNMC Corrective & Disciplinary Action Policy #1098)

☐ Termination for Cause (UNMC Corrective & Disciplinary Action Policy #1098)

☐ Terms and Conditions of Employment (UNMC Non-Discrimination Policy #1099)

☐ Equal Employment Opportunity Issues (UNMC Non-Discrimination Policy #1099)

☐ Discrimination or ☐ Harassment based on:

☐ Age

☐ Color

☐ Disability

☐ Genetic Information

☐ Marital Status

☐ National Origin

☐ Political Affiliation

☐ Race

☐ Religion

☐ Sex

☐ Sexual Orientation

☐ Veteran Status

☐ Other _____

☐ Retaliation

Equal Opportunity Employer

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Part 3: Description of Grievance

In order for your grievance to be addressed properly, you must provide detailed information. You may attach additional sheets as necessary. For assistance in completing this form, contact Employee Relations during normal business hours at 402-559-4371 or 402-559-8534.

Date of the event that you are grieving: _____

Describe the event(s) that caused you to file this grievance (include any information that might support your cause):

Remedy Requested (Desired outcome of the grievance): _____

Grievance Steps

Step 1: Appeal to the Immediate Supervisor

Discussion surrounding the alleged incident or occurrence with Supervisor. Immediate supervisor must submit a written response, via the "Grievance Response Form" - Step 1, to the written grievance to the grieving staff member within 10 workdays of receiving the grievance unless the grievant grants an extension to immediate supervisor in writing. Otherwise, the grievant may choose to appeal the case to a Step 2 without a Step 1 response.

Step 2: Appeal to the Next Level Supervisor

Should the employee remain dissatisfied at the completion of Step 1, he/she may, within five (5) workdays of receiving the Step 1 written response, submit a written request to Human Resources, Employee Relations to appeal to the "next-level supervisor". The request to appeal shall include a clear explanation of why the Employee disagrees with the Step 1 response/decision. Next Level supervisor must submit a written response, via the "Grievance Response Form" – Step 2, to the written grievance to the grieving staff member within 15 workdays of receiving the grievance unless the grievant grants an extension to next level supervisor in writing. The request to appeal shall include a clear explanation of why the Employee disagrees with the Step 1 response/decision.

Step 3: Appeal to the Chancellor through a Grievance Panel

Should the Employee remain dissatisfied, he/she may, within five (5) workdays of receiving the Step 2 decision from the next-level supervisor, submit a written request to Human Resources, Employee Relations to appeal through a Grievance Panel to the Chancellor. The request to appeal shall include a clear explanation of why the Employee disagrees with the Step 2 decision/response.

Part 4: Statement of Non-Retaliation

Retaliation of any type shall not befall any person for participating in a grievance procedure. University employees engaged in such retaliation will be subject to disciplinary action, including the potential for dismissal.

Part 5: Certification

I hereby certify that all information submitted on this Grievance Filing Form is true and complete to the best of my knowledge and belief. I understand I may terminate my grievance at any time by delivering to Human Resources, Employee Relations a written notification requesting such withdrawal.

Grievant's Signature

Date

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Mail this form to:	Human Resources, Employee Relations	OR Fax this form to:	Human Resources, Employee Relations at
	985470 Nebraska Medical Center		402-559-5904
	Omaha, NE 68198-5470	OR Deliver this form to:	Human Resources, Employee Relations,
			Administrative Building, Room 2000

HUMAN RESOURCES USE ONLY

Step 1: Appeal to the Immediate Supervisor

Date of Meeting with Supervisor: _____

Date of Written Response to Grievant: _____

The grievant's requested resolution is:

☐

Accepted

☐

Declined

☐

Accepted with modifications (please specify): _____

Step 2: Appeal to the Next Level Supervisor

Date of meeting with next level supervisor: _____

Date of written response to grievant: _____

The grievant's requested resolution is:

☐

Accepted

☐

Declined

☐

Accepted with modifications (please specify): _____

Step 3: Appeal to the Chancellor through a Grievance Panel

Date of Panel Recommendation Submission to the Chancellor: _____

Date of written response from the Chancellor to the grievant: _____

The grievant's requested resolution is:

☐

Accepted

☐

Declined

☐

Accepted with modifications (please specify): _____

Date Grievance Filing Form received by Human Resources: _____

Human Resources Representative: _____