

**APPENDIX C**

**GRIEVANCE FORM  
UNIVERSITY OF NORTH FLORIDA  
Board of Trustees-United Faculty of Florida**

I. Date the Office of Academic Affairs notified UFF that the dispute cannot be informally resolved

\_\_\_\_\_.

This grievance was filed with the Office of Academic Affairs on

\_\_\_\_\_ (must be within 15 days of the date of notification by the

Office of Academic Affairs, above) by:

Personal delivery \_\_\_\_\_

U. S. Mail \_\_\_\_\_

Personal fax \_\_\_\_\_

Date received by the Office of Academic Affairs (as authenticated by receipt, postmark, or date recorded on fax, as applicable) \_\_\_\_\_

**GRIEVANT GRIEVANCE REPRESENTATIVE**

NAME: \_\_\_\_\_

(print)

NAME: \_\_\_\_\_

(print)

**CAMPUS MAILING ADDRESSES:**

COLLEGE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

DEPT: \_\_\_\_\_

DEPT: \_\_\_\_\_

\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

If grievant is represented by the UFF or legal counsel, all university communications should go to the grievant's representative. Other address to which university mailings pertaining to grievance shall be sent:

\_\_\_\_\_

\_\_\_\_\_

II. GRIEVANCE

Article(s) and Sections(s) of Agreement allegedly violated: \_\_\_\_\_

\_\_\_\_\_

Statement of grievance (must include date of acts or omissions complained of):

Remedy Sought:

III. AUTHORIZATION

I will be represented in this grievance by (check one — representative must sign on appropriate line):

\_\_\_\_\_ UFF \_\_\_\_\_

\_\_\_\_\_ Legal Counsel \_\_\_\_\_

\_\_\_\_\_ Myself \_\_\_\_\_

If the grievant elects self-representation or to be represented by legal counsel, the UFF shall also be notified in writing of the date, time, and place of any meeting or hearing called for the purpose of discussing the grievance, shall have the right to have an observer present at all meetings and/or hearings called for the purpose of discussing such grievance, and shall be sent copies of all decisions at the same time as they are sent to the other parties. No resolution of any individually processed grievance can be inconsistent with the terms of this Agreement.

I UNDERSTAND AND AGREE THAT BY FILING THIS GRIEVANCE, I WAIVE WHATEVER RIGHTS I MAY HAVE UNDER CHAPTER 120 OF THE FLORIDA STATUTES WITH REGARD TO THE MATTERS I HAVE RAISED HEREIN AND UNDER ALL OTHER UNIVERSITY PROCEDURES WHICH MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

\_\_\_\_\_  
Signature of Grievant  
(Grievant must sign if grievance is to be processed.)

\_\_\_\_\_  
Date

The decision of the University Administration’s hearing officer shall be transmitted, by personal delivery with written documentation of receipt or by certified mail, return receipt requested, to the UFF Grievance Representative or the Grievant (if not represented by UFF). A copy of the decision shall also be transmitted by U.S. Mail, email, or personal fax to the UFF State Office and the UNF President’s Representative for Contract Administration (and the grievant’s attorney if the grievant elected to be represented by legal counsel).

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