



Grievance Form for Classified Employees

You must contact the Employee Relations Team at 303-492-0956 to initiate the grievance process. This form must be completed when filing a grievance. You may attach additional pages, if necessary.

1. Person filing grievance (grievant):

Name: _____

Address: _____

Department: _____

Campus Box: _____

Phone: _____

Representative (if applicable): See rule 8-8E, Step 2 only

Name: _____

Phone (work): _____

Phone (other): _____

Note: You must notify Employee Relations, in writing, if the above information changes before the grievance process concludes.

2. Party whose action is being grieved:

Name: _____

Address: _____

Department: _____

Phone: _____

3. Specific actions being grieved:

4. Date of action(s) being grieved:

5. Reasons for grievance:

6. Remedy requested:

Grievant's Signature

Date