



**STANFORD UNIVERSITY**  
Employee & Labor Relations

Human Resources  
655 Serra Street  
Stanford, CA 94305-6110  
(650) 723-2191 Fax: (650) 723-2311

**Grievance Form**  
**Guide Memo 22.10**

A grievance may be filed when an eligible employee believes that an improper action has occurred, provided the action results from an alleged violation of a policy and the situation has had a demonstrable adverse effect upon the individual who is submitting the request. The procedure is designed to supplement, not to replace, the routine and informal methods of responding to and remedying employee problems/complaints. The use of this procedure does not apply to employees represented by SEIU/USW or SDSA; for those employees, the grievance process is governed by the applicable collective bargaining agreement.

**Instructions:** The use of this form provides guidance to the employee on the type of information that should be submitted. It is important to give all names, dates and facts pertinent to the complaint and attach additional sheets to the form if needed. For a complaint to be timely the request for dispute resolution must be filed with the Director of Employee & Labor Relations, **within (30) calendar days from the date the problem or dispute arises**. Please refer to Administrative Guide Memo 22.10 (<http://adminguide.stanford.edu/>) for more information about the grievance process.

Employee's Name: \_\_\_\_\_ Dept/School: \_\_\_\_\_

Please Check Your Current Employee Status:

Regular \_\_\_\_\_, Trial Period \_\_\_\_\_, Casual \_\_\_\_\_, or Temporary Employee\_\_\_\_\_.

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Telephone #: \_\_\_\_\_

1. Please describe what occurred (or did not occur), when did it occur, and the names of the individuals involved that were present or involved when it occurred. (Please attach additional written documentation if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. If a university policy is involved, identify the policy and describe how the action, or lack of action, does not conform or violates the policy.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What have you already done to try to resolve the problem (e.g., locally by meeting with your direct supervisor, your human resource manager, or other university departments.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Describe the adverse effect on you as a result of the improper action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What remedy are you requesting to resolve the problem?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____
Employee's Signature	Date Submitted

Received in Employee & Labor Relations by:	
_____	_____
Employee & Labor Relations Representative	Date Received

Please send this completed form and any supporting documentation to the attention of Lynn Holm, Employee & Labor Relations, 655 Serra Street, Stanford, CA 94305-6110. If the grievance is not resolved through mediation, the information provided by you will be reviewed with your supervisor and the Human Resources Manager in your department.