



**University of Maine System**  
Faculty Grievance Decision Review Form

Date: \_\_\_\_\_

To: \_\_\_\_\_

I hereby request that a Step \_\_\_\_\_ review of the attached decision be made in connection with the attached grievance because:

I received the decision on \_\_\_\_\_ and filed this request for review at Step \_\_\_\_\_ with the office of \_\_\_\_\_ on \_\_\_\_\_

by (check one):      Mail       Personal Delivery

AFUM grievance representative s signature:

\_\_\_\_\_  
*(if AFUM is representing the grievant, or, if a Step 4 grievance, an AFUM representative must sign)*

\_\_\_\_\_  
Name of Grievant

\_\_\_\_\_  
Signature of Grievant

Date Received: _____	By: _____	Grievance #: _____
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Distribution	Original	1 <sup>st</sup> Copy	2 <sup>nd</sup> Copy
Step 2	Administrator	Campus Grievance File	Campus Grievance Person or AFUM (Bangor)
Step 3	Chief Administrative Officer or Designee	Campus Grievance File	Campus Grievance Person or AFUM (Bangor)
Step 4	Chancellor	Campus Grievance File	AFUM (Bangor)