



University of Maine System

Faculty Grievance Form — Step 1

Date: _____

Name: _____

Campus: _____UMA _____UMF _____UMFK _____UMM _____UM _____USM _____UMPI
_____CO/SWS

College / Division: _____ Department: _____

Mailing Address: _____

AFUM Grievance Representative: _____

Mailing Address: _____

Provision of Agreement violated: Article(s) & Section(s): _____

Statement of grievance (*including date of acts or omissions complained of*):

Redress sought:

I will be represented in this grievance by: (*check one*)

AFUM

Myself or Personal Representative

AFUM grievance representative s signature: _____

(*If AFUM is representing the grievant, an AFUM grievance representative must sign here*)

This grievance was filed with the office of: _____

on: _____ by: (*check one*) Mail Personal Delivery

Date

Signature of Grievant: _____

Date Received: _____ By: _____ Grievance #: _____

<i>Distribution of Step 1 Grievance Form:</i>	Original	1st Copy	2nd Copy
	<i>Administrator</i>	<i>Campus Grievance File</i>	<i>Campus Grievance Person or AFUM (Bangor)</i>