



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 st Copy	2 nd 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)