

**Academic Personnel Grievance:  
Request for Formal Review**

This form is used by academic appointees who are not members of the Academic Senate. This form may be submitted to the Vice Provost--Academic Affairs, the Grievance Liaison, either electronically to [email address, tbd] or by sending a copy to the Vice Provost – Academic Affairs, Fifth Floor, Mrak Hall, University of California, Davis, One Shields Avenue, Davis, CA 95616. Additional pages may be attached if necessary. Before filing a grievance, academic employees should consult Academic Personnel Manual Sections APM 140 and UCD APM 140.

If you are a *current* employee, this grievance must be submitted within 30 calendar days from the date you knew, or could reasonable be expected to know, of the event or act giving rise to the grievance. If you are a *separated* employee, this grievance must be submitted within 30 calendar days from the date of separation.

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Describe the basis for your grievance by responding to one or more of the instructions below:

1. Describe the specific administrative action for which this grievance is being filed and, if applicable, state why you consider the action to be arbitrary or capricious. Describe how this action has adversely affected your then-existing terms or conditions of your appointment.
  
2. Describe the specific violation of applicable University rules, regulations, or Academic Personnel policies that occurred for which this grievance is being filed. Describe how this violation has adversely affected your then-existing terms or conditions of your appointment.
  
3. Describe any attempts you made to reach an informal resolution. Who did you contact to attempt informal resolution? When did you make the contact(s)? What was the outcome of your attempt(s)?

4. If you used the sexual harassment complaint policy, please indicate the date you filed the sexual harassment complaint and the date you were notified of the result of the sexual harassment complaint.
  
  
  
  
  
  
  
  
  
  
5. Describe what remedy you are requesting (for example, reinstatement, reduction of suspension period).

You may represent yourself or elect representation by another individual or organization. If you have elected representation, state the name of the individual and whether or not this person is an attorney or other legal counsel.

Name of representative (if any) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Legal counsel?     Yes                       No

---

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_