

Instructions: This form should be filled out completely and accompanied by the following required information: **1)** Brief statement setting forth the issues in the dispute; **2)** Documentation (policies identified at unit, department, college, school or university level that are pertinent to these issues); **3)** Specific remedy desired; **4)** The dated copy of the mediation or ombudsperson report, if applicable.

Academic Professional requesting services (Grievant)

Name: _____ Title: _____

Mailing address: _____ City: _____ State: _____ ZIP code: _____

Office Home Cell Phone: _____ Email: _____

Dispute

Date dispute arose: _____ Unit involved: _____

Are you proceeding with an attorney? Yes No Attorney name: _____

Address: _____ City: _____ State: _____ ZIP code: _____

Phone: _____ Email: _____

Have you consulted with an ombudsperson? Yes No If yes, the dated copy of the ombudsperson's report is required.

Respondents

Name and contact information for individual(s) you identify as Respondent(s) to the dispute.

Respondent 1 Name: _____ Phone: _____

Email: _____ ASU mail code: _____

Respondent 2 Name: _____ Phone: _____

Email: _____ ASU mail code: _____

If necessary, indicate the number of additional respondents____(this is not common). Attach an additional sheet with their information.

Service options and submittal instructions

Submittal instructions are based on the type of service you are requesting. **Please note:** ACD Policy does not allow for a Grievance Service Request to be submitted via email.

- Requesting service by mediation process:** Submit form and attachment(s) to the Office of the Ombudsperson
- Requesting services by the grievance process:** Submit form and attachment(s) by hand delivery to the University Senate Office, Tempe campus, [INTDSB](#) room 361, or send via certified mail, return receipt requested to the Chair of the Academic Professional Grievance Committee (address below).
- Requesting service by grievance process following receipt of mediation report:** Date of report receipt: _____. Submit form and attachment(s) by hand delivery to the University Senate Office, Tempe campus, [INTDSB](#) room 361, or send via certified mail, return receipt requested to the Chair of the Academic Professional Grievance Committee (address below).

Chair of the Academic Professional Grievance Committee • University Senate Office • Arizona State University
PO Box 871703 • Tempe, AZ 85287-1703

Signature

By signing below, I acknowledge that I am the above-named grievant and I am submitting this grievance according to Academic Affairs Manual (ACD) policies: [ACD 509-01](#) and [ACD 509-03](#).

Printed name _____ Signature _____ Date _____