

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) electronically to Senate Director Maria Coca at maria.coca@asu.edu write "**Initial Grievance Submittal**" on subject line. Or, if you prefer, hand deliver to the University Senate Office, Tempe campus, INTDSB Suite 169.
- ☐ **Requesting service by grievance process following receipt of mediation report:** Date of report receipt: _____. Submit form and attachment(s) electronically to Senate Director Maria Coca at maria.coca@asu.edu write "**Initial Grievance Submittal**" on subject line. Or, if you prefer, hand deliver to the University Senate Office, Tempe campus, INTDSB Suite 169.

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
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