



Staff Grievance Appeals Form

Authority for Procedure: Granted by [UWG PL #4001, Human Resources Administrative Practice and Services](#).

Important Notes:

- **Faculty:** Refer to the University of West Georgia (UWG) Faculty Handbook, Section 107, Dispute Resolution and Grievance Procedures.
- **Students:** Refer to the Student Handbook for various methods depending on the subject matter.
- **Title IX/Social Equity Complaints:** Consult [UWG PL #4002 Non-Discrimination and Anti-Harassment](#) and its associated procedures.

Purpose: UWG recognizes the value of constructive dispute resolution and encourages employees to uphold the institutional values of caring, collaboration, and integrity when resolving disputes.

Procedure Overview: Following the guidance of the [Human Resources Administrative Practice Manual \(HRAP\), Policy on Grievance and Dismissal, Demotions, or Suspensions](#), this grievance or disciplinary review process is available to handle claims of harm caused by actions violating the policies of the institution or the Board of Regents (BOR) of the University System of Georgia (USG).

Eligibility: This grievance process is available to **UWG staff** who **have completed** the six-month Provisional Employment Period. The Staff Grievance Procedure is **not** available to:

- Temporary employees
- Faculty
- Students
- Non-university employees (including consultants, contractors, and volunteers)

Filing a Grievance:

- A grievance must be filed **within ten (10) business days** of the notice of suspension or discharge.
- If there is good cause for delay, a written explanation must accompany grievances filed after this period.

For any questions or further assistance, contact the OHR Employee Relations team at er@westga.edu.

PLEASE PROVIDE YOUR PERSONAL INFORMATION BELOW

NAME	
JOB TITLE	
DIVISION	
DEPARTMENT	
MAILING ADDRESS	
*WORK EMAIL ADDRESS	
*PERSONAL EMAIL ADDRESS	
PRIMARY CONTACT NUMBER	

*** Unless otherwise indicated, we will be communicating with you via the email address you provide here.**



ELIGIBILITY FOR GRIEVANCE

REASON FOR GRIEVANCE	<input type="checkbox"/> Suspension	<input type="checkbox"/> Demotion or Salary Reduction	<input type="checkbox"/> Termination
DATE OF NOTIFICATION			
PREVIOUS REPORTING	Have you raised this complaint/concern with the University Ethics and Compliance Hotline, Equal Opportunity & Title IX Office, or any other office within the University?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

POLICY VIOLATIONS

List the university policy or policies you feel were violated through the suspension, demotion, salary reduction, or termination of your employment. ***Specify the exact section of the policy that you believe was violated.***



DETAILED APPEAL DESCRIPTION AND SUPPORTING DOCUMENTS

Describe in detail the nature of your appeal and include any documents that pertain to this matter. Attach a separate sheet if needed, and email the supporting documents at form submission.

Large empty rectangular box for providing a detailed appeal description and supporting documents.



WITNESS LIST

*List all persons involved, including witnesses, stating their relevance to the grievance, and their contact information. **Attach a separate sheet if needed.***

I choose to skip this section and **not** to provide a witness list.



REQUESTED ACTIONS

I am requesting a: (check one) Informal Resolution Formal Grievance Hearing

State any actions you would like to see come out of the appeal.

ACKNOWLEDGEMENTS

By signing this document, I acknowledge that the information provided is accurate and factual. I understand my obligation to provide the necessary information and to fully cooperate with any inquiry related to this appeal.

I understand that eligible employees have the right to file a grievance with the Office of Human Resources (er@westga.edu) within 10 business days of the notice of suspension, discharge, demotion, or salary reduction unless there is good cause for delay. If the grievance is filed after this period, a written explanation must be included. Once the grievance statement is received, the Chief Human Resources Officer (CHRO) or their designee will notify the grievant within five business days whether the appeal will be dismissed or allowed to proceed. The grievant will receive a copy of the formal grievance policy and documentation related to the grievance hearing procedures.

Within 10 business days of receiving a written request for a Formal Grievance Hearing, the Hearing Panelists will be selected. The grievant will be entitled to procedural protection during the hearing, which may take place either before or after the effective date of the personnel decision in question. This evidentiary hearing will not be bound by formal rules of evidence or court procedures. However, the employee will be afforded due process throughout the hearing.

Please retain a copy of this form for your records.

Print Name: _____ Date of Acknowledgement: _____

Signature: _____

HUMAN RESOURCES USE ONLY

1. Is the event a grievable issue? YES NO 2. Is the grievance timely? YES NO

REVIEWED BY: _____ DATE: _____