

**MISSOURI WESTERN STATE UNIVERSITY
STAFF GREVIANCE CLAIM FORM**

1. Name: _____ 2. Date: _____
(Please Print)

Position Title: _____

SIGNATURE: _____

3. Date of event or action upon which claim is based: _____

4. The primary purpose of the grievance procedure hereinafter set forth is to secure the equitable solution of a grievance at the level where the alleged grievance occurred. It is anticipated and hoped that resolution of the problems at such level will be the norm, and that the use of the formal procedures herein provided will be rarely needed and invoked. Describe what efforts have been made to resolve the alleged grievance informally.

5. Nature of the Claim

In one sentence state the nature of the claim. Space is provided on the back of this form to give a more detailed description of the problem. (If this is a matter involving issues of sexual harassment or sex, race or age discrimination, follow the *Policy Guide* procedures relating to those matters.)

Concisely identify the issue(s) and events that give rise to this claim. A clear expression of your claim will help the Grievance Committee understand and fairly assess your claim. To the best of your ability, include all of the following:

- a. Names and positions of all people involved
- b. Dates of all action
- c. A chronological sequence of events
- d. Identify all documents that you feel are relevant (you may wish to attach a list)
- e. If possible, identify the primary person or persons responsible for the action or the person or persons who would be expected to respond to the claim.