

BALL STATE UNIVERSITY

**Guide to Completing  
Staff or Service Affiliated Personnel Grievance Form**

Before completing this form, it is recommended that you:

- Review the grievance process outlined in the *Handbook for Staff Personnel* available at [Staff Handbook](#)
- Review documents related to the grievance process available from Staff Council at [Staff Council Grievance Support](#)
- Secure an advisor to assist you in the process, including completing this form. (A list of advisors is available from the Staff Council President.)

**Line-by-Line Instructions  
for the Grievant**

***Date:*** Enter the date this form is completed. The completed grievance form must be submitted to your immediate supervisor within 10 calendar days following the occurrence of the event or circumstances giving rise to the grievance.

***Employee's Name:*** Enter your name as the person who feels a rule or regulation has been violated.

***Present Job Title:*** Enter your job title.

***University Rule or Regulation Violated:*** State the rule or regulation which you feel the university or supervisor(s) violated that led you to file this grievance.

***Date of Occurrence:*** Enter the date the violation by the university or supervisor(s) occurred.

***Statement of Grievance:*** Write a short statement about the incident or circumstances which lead you to file this grievance, including dates and times as appropriate. Supporting evidence can be presented at each step of the process.

***Desired Outcome:*** State specifically what you would like to see happen at the end of this grievance process.

**Staff or Service Affiliated Personnel  
Grievance Form**

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Present Job Title: \_\_\_\_\_

University Rule or Regulation Violated: \_\_\_\_\_

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Date of Occurrence: \_\_\_\_\_

Statement of Grievance: \_\_\_\_\_

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Desired Outcome: \_\_\_\_\_

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\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date