**Staff Grievance**

**1. GRIEVOR**

Name:

Address:

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. GRIEVANCE**

Provide a concise statement of the grievance alleged.

**3. GROUNDS**

Indicate the right accorded to you as a staff member upon which your grievance is based.

**4. RESPONDENT**

**5. REDRESS**

Describe the redress you seek.

**6. ADVISOR**

You have a right to be assisted by an advisor who is a member of the University community. Your advisor may accompany you to any hearing.

I will not be assisted by an advisor

I will be assisted by an advisor. My advisor is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Secretariat communicates with the Grievor or his/her advisor. Please indicate which you prefer:

Grievor

Advisor

Name:

Address:

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby lodge grievance in accordance with the Regulations Relating to the Employment of Librarian Staff/Regulations Relating to the Employment of Academic Staff.

*Signature of Staff member Date*

**Please submit the original of this form along with a detailed statement of your grievance to:**

**Mr. David Schaffer**

**Secretary, Committee on Staff Grievances and Disciplinary Procedures Secretariat**

**James Administration Building**

**845 Sherbrooke Street West, Room 313**

**Montreal H3A 2T5**

**Telephone: (514) 398-1568**

**Email: grievances-appeals.secretariat@mcgill.ca**