**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**