



Office of Student Affairs  
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Lake Charles, LA 70609  
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## MCNEESE STATE UNIVERSITY

### UNCLASSIFIED EMPLOYEE/FACULTY GRIEVANCE FORM

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

**Please provide** the information requested below. Limit your response to no more than five typewritten pages and attach it to this form.

- A. Provide a detailed description of the incident, situation, or circumstance from which the grievance resulted. Be specific for the following:
  - a. Which McNeese State University policy or policies were apparently violated or might be lacking;
  - b. Which person or persons were involved;
  - c. What harm or damages occurred; and
  - d. What steps have been taken in an effort to resolve the complaint?
- B. Explain what relief is being sought through the grievance process.
- C. Provide the name, mailing address, phone number, and e-mail address of each person you might wish to call as a witness at a grievance meeting.
- D. Attach supporting documentation (if any) and submit the complete package to the Vice President for Student Affairs.

Signed: \_\_\_\_\_