

GRIEVANCE FORM - STEP 1

South Dakota Board of Regents and the Council of Higher Education (COHE)

Institution _____ Date _____

Name _____

Department _____

Address _____

Provision(s) of agreement violated (for each provision, stipulate division and section)

Statement of Grievance: Be specific. (Document a specific factual basis for the complaint that, if proven, would establish that an action attributable to the administration deprived the individual employee of a right arising under such term or provision. A faculty unit member may not rely upon mere conclusions, general allegations and speculative statements to establish a factual ground for the claim that a provision has been misinterpreted, misapplied or a violation. Faculty unit members must cite specific facts and circumstances known to them first hand or to another first hand who is willing to testify to their existence or established through official governmental publications or other published documents whose authenticity and reliability cannot reasonably be doubted, together with such factual inferences as may be drawn from such facts.)

Remedy desired:

Name of person to whom this grievance is addressed: _____

(This must be the administrator at the lowest level who has or may have the authority to resolve the grievance.)

Date of grievance or the date that the faculty member had knowledge of its occurrence: _____

Signature of grievant: _____