

GRIEVANCE FORM - STEP 2  
South Dakota Board of Regents

Institution \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Department or division \_\_\_\_\_

Address to which mailings pertaining to this grievance will be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Evidence of informal adjustment attempted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach copies of any documents submitted to the Department Head at Step 1 and of the written response to the grievance at Step 1, together with a short statement of the reasons for believing that the Step 1 response was erroneous. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will be represented in this grievance by:

**APPENDIX C**

COHE \_\_\_\_\_ Legal Counsel\* \_\_\_\_\_ Myself \_\_\_\_\_

I request the intervention or assistance of a peer faculty committee at Step 3: YES / NO

Signature of grievant: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Received by: \_\_\_\_\_

Position title: \_\_\_\_\_

\* If represented by legal counsel, provide the name, address, telephone and electronic mail address of the attorney.