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:
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.