



Weber State University
Human Resource Grievance Intake Form
 Part 1 (Required)

Today's date _____

Name _____ Telephone (Campus) _____ (Home) _____

Department _____

General summary of grievance

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What personal harm has been caused?

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What remedial action(s) do you seek?

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-
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Are you willing to discuss remedies other than the remedy listed above? Yes No

What (if any) actions have you taken so far to resolve the problem?

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If you have filed the grievance with any other agency (on or off campus), please indicate which agency.

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If you have asked for help within your own supervisor chain, to what level do you feel you have exhausted possible remedies?

-
-

Is it your feeling that the actions leading to your grievance were (please check all applicable boxes):

- Influenced by any of these seven reasons (please check those applicable) Race or color Religion Age
- National origin Handicap Sex
- Sexual Harassment

Influenced by factors other than those listed above. Please explain if you can.

Using as many incident descriptions as necessary, please describe the incident(s) or action(s) leading to your grievance.

Signature of Grievant _____