

**UNIVERSITY OF KENTUCKY  
REGULAR STAFF EMPLOYEE GRIEVANCE FORM**

An employee may complete and submit this form to the appropriate University official in accordance with the guidelines of the University of Kentucky's Human Resources Policy and Procedure Number 7.0 Grievances. All sections must be completed. (Attach additional sheets if necessary)

**A. EMPLOYEE INFORMATION**

Name \_\_\_\_\_ Pers ID \_\_\_\_\_

Position Title \_\_\_\_\_ Department \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Campus Address \_\_\_\_\_

Work Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Date of Incident \_\_\_\_\_ Supervisor \_\_\_\_\_

**B. GRIEVANCE STAGE** (check one)      \_\_\_ I      \_\_\_ II      \_\_\_ III  
Grievance submitted to: \_\_\_\_\_

**C. \*STATE THE SPECIFIC REASON(S) FOR GRIEVANCE  
(include action being grieved)**

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**D. \*STATE THE SPECIFIC RESOLUTION BEING REQUESTED:**

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date submitted

\*If more space is needed, please use the reverse side of this form or attach additional pages. Documentation supporting the grievance may be attached as well.