

**Appendix C**  
**University Of South Florida/United Faculty of Florida Grievance**

I. Date (Received by University) \_\_\_\_\_

Grievant

Step 1 Grievance Representative

Name

Name

College

Mailing Address

Dept.

Office Phone

Office Phone

If grievant is represented by the UFF or legal counsel, all university communications should go to the grievant's representative.

Other address to which university mailings pertaining to grievance shall be sent:

II. Grievance

Article(s) and Sections(s) of Agreement allegedly violated:

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

Statement of grievance (must include date of acts or omissions complained of):

Remedy Sought:

(See page 2 for additional requirements)

III. Authorization

I will be represented in this grievance by: (check one - representative must sign on appropriate line):

UFF

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Legal Counsel

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Myself

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I UNDERSTAND AND AGREE THAT BY FILING THIS GRIEVANCE, I WAIVE WHATEVER RIGHTS I MAY HAVE UNDER CHAPTER 120 OF THE FLORIDA STATUTES WITH REGARD TO THE MATTERS I HAVE RAISED HEREIN AND UNDER ALL OTHER UNIVERSITY PROCEDURES WHICH MAY BE AVAILABLE TO ADDRESS THESE MATTERS.

This grievance was filed with the Office of the Provost, ADM 226 on \_\_\_\_\_ by (check one) mail (certified or registered, restricted delivery, return receipt requested) \_\_\_\_\_; personal delivery \_\_\_\_\_; other (specify) \_\_\_\_\_.

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Signature of Grievant

(Grievant must sign if grievance is to be processed.)

The Step 2 decision shall be transmitted to Grievant's Step 2 Representative by personal delivery with written documentation of receipt or by certified mail, return receipt requested. A copy of this decision shall be sent to Grievant, and the local UFF Chapter if grievant elected self-representation or representation by legal counsel.