AAPPS 04.02.32

**FACULTY GRIEVANCE FORM**

DATE:

NAME OF GRIEVANT:

DEPARTMENT/SCHOOL:

COLLEGE:

TITLE/RANK:

Nature of the Grievance & Person/s Grieved Against:

Relief Sought:

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

SIGNATURE

\* To initiate a grievance, the grievance form and any additional documentation must be delivered to the president’s office in person, via certified mail, or via email to president@txstate.edu, with the communication marked confidential.