



LOUISIANA STATE UNIVERSITY
AND
AGRICULTURAL AND MECHANICAL COLLEGE
GRIEVANCE FORM

Please refer to the University's Policy Statement on Grievance Procedures (PS-80) to ensure your concern(s) is grievable. You may also contact the Office of Human Resource Management at 578-8200 for further clarification.

Employee's Name Name of Advisor (Optional)

LSU ID Number Date Grievance Occurred

Department Date Grievance Filed with Dept. Head
(Time Limit: Within 5 working days of grievable act)

Job Title

STEP 1

STATEMENT OF GRIEVANCE

Blank lines for writing the statement of grievance.

REMEDY REQUESTED

Blank lines for writing the remedy requested.

Employee's Signature Date

DECISION OF DEPARTMENT HEAD
(Time Limit: Within 5 working days after receipt of grievance)

See attached statement written by the Department Head.

Department Head's Signature Date

STEP 2

I am not satisfied with the Step 1 answer to my grievance and wish to have it referred to Step 2. Time Limit: Within 5 working days of receipt of department response.

**REASON(S) WHY FIRST STEP DECISION IS UNSATISFACTORY**

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE OF HUMAN RESOURCE MANAGEMENT HEARING OFFICER REVIEW**

Date of hearing with employee and if applicable Employee Advisor: \_\_\_\_\_

Time Limit: Within 7 working days of receipt of appeal, employee will be contacted to schedule hearing.

**RESPONSE OF HUMAN RESOURCE MANAGEMENT HEARING OFFICER**

Time Limit: Within 5 working days following the hearing, unless HRM notified employee of additional time needed.

See attached statement written by the HRM Officer.

Name and Title of HRM Hearing Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>STEP 3</b>
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I am not satisfied with the Step 2 answer to my grievance and wish to have it referred to Step 3. Time Limit: Within 5 working days of receipt of HRM response.

**REASON(S) WHY SECOND  
STEP DECISION IS UNSATISFACTORY**

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Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE OF THE CHANCELLOR REVIEW  
RESPONSE OF CHANCELLOR/DESIGNEE**

See attached statement written by the Chancellor or the designee.

Name and Title: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy to: Human Resource Management