



University of Maine System
Faculty Grievance Decision Review Form

Date: _____

To: _____

I hereby request that a Step _____ review of the attached decision be made in connection with the attached grievance because:

I received the decision on _____ and filed this request for review at Step _____ with the office of _____ on _____

by (check one): Mail Personal Delivery

AFUM grievance representative s signature:

(if AFUM is representing the grievant, or, if a Step 4 grievance, an AFUM representative must sign)

Name of Grievant

Signature of Grievant

| | | |
|----------------------|-----------|--------------------|
| Date Received: _____ | By: _____ | Grievance #: _____ |
|----------------------|-----------|--------------------|

| Distribution | Original | 1 st Copy | 2 nd Copy |
|--------------|--|-----------------------|---|
| Step 2 | Administrator | Campus Grievance File | Campus Grievance Person or AFUM (Augusta) |
| Step 3 | Chief Administrative Officer or Designee | Campus Grievance File | Campus Grievance Person or AFUM (Augusta) |
| Step 4 | Chancellor | Campus Grievance File | AFUM |