## Part-Time Faculty Grievance Form

<table>
<thead>
<tr>
<th>Grievance Step (check one)</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grievance #</td>
<td></td>
<td></td>
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</tbody>
</table>

**Grievant:**  
**Date:**  
**Department/Division/School/College:**  
**Campus:**  
- [ ] UMA  
- [ ] UMF  
- [ ] UMFK  
- [ ] UMM  
- [ ] UM  
- [ ] USM  
- [ ] UMPI  
- [ ] CO/SWS  
**A.F.T. Grievance Representative:**  
**Campus Mailing Address:**  
**Rep. Mailing Address:**  

**Article(s) / Section(s) of Agreement violated.**  
*(Note – Attach a copy of grievance and decision for Step 2 and Step 3 review):*

**Statement of Grievance** *(including date of acts or omissions complained of / or date grievance decision being appealed was received):* *(Continue on back if needed)*

**Redress sought or reason decision is unsatisfactory:**

**I will be represented by:**  
- [ ] A.F.T.  
- [ ] Myself  
**Signature of A.F.T. Representative:**  
*(A.F.T. Representative must sign if representing grievant if requesting Step 3 review)*

**Grievance filed with the office of:**  
**on:**  
**By (check one)**  
- [ ] Mail  
- [ ] Personal Delivery  
**Signature of Grievant:**

**Date Received:**  
**By:**