

GRIEVANCE PANEL REVIEW REQUEST FORM

Please submit to:

Division of Human Resources/Staff & Labor Relations

Suite 527A, 3401 Walnut Street

Philadelphia, PA 19104/6228

215-898-6093

askhr@hr.upenn.edu

NAME:

TITLE:

DEPARTMENT:

ADDRESS:

PHONE NUMBER:

E-MAIL ADDRESS:

Describe the issue for which you are seeking resolution (including date(s) of incident(s))?

What specific resolution would you like to reach?

Have you spoken to:

Your supervisor

Yes/No

Department Head

Yes/No

A representative from Human Resources

Yes/No

A representative from other University Resource Offices

Yes/No

If so, which offices have you contacted?

What was/were the outcome(s) of going through these other options?

If you have not gone through a mediation session, would you be willing to do so at this point?

Yes/No

Signature _____

Date