STAFF GRIEVANCE PANEL REVIEW REQUEST FORM

Please submit by the appropriate deadline 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 and SCHOOL OR CENTER:
HOME ADDRESS:
PREFERRED PHONE NUMBER:
cAMPUS OR PERSONAL E-MAIL ADDRESS:

Describe the issue(s) 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
your department head?  Yes/No
a representative from Human Resources?  Yes/No
   If so, who in HR did you speak to?
a representative from another University office(s)?  Yes/No
   If so, which office(s) have you contacted?

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

If you have not gone through a facilitated meeting or mediation session, would you be willing to do so at this point?  Yes/No

Signature______________________________
Date__________________

*Refer to the Staff Grievance Procedure at https://www.hr.upenn.edu/myhr/resources/policy/other/grievance for information on eligibility criteria and deadlines for filing a grievance. (Attach additional sheets if needed. Place your name at the top of any additional sheets.)