

Northeastern University
Grievance Form

Date:	Dept:
Name:	Job Title:
Immediate Manager:	Dept. Head

Grievance Statement and Request for Resolution: Describe in detail the nature and basis of the grievance. Please include the date(s) of the event(s), any attempts at resolution, and the remedy you are seeking. You may include additional pages if you need more space.

Please send this form to your immediate manager and copy the department head.

Additional copies of this form are available from Human Resources Management.