



REQUEST FOR INVESTIGATION OF COMPLAINT UNDER APM 140

– NON-SENATE COMPLAINT FORM –

In accordance with Academic Personnel Manual Section 140-10, formal grievances must be filed in writing with the grievance liaison within thirty (30) calendar days from the date on which the appointee knew, or could reasonably be expected to know, of the event or action which gave rise to the grievance, or within thirty (30) calendar days after the date of separation, whichever is earlier. Informal review does not extend this thirty-day time limit.

SUBMIT TO: 3149 Murphy (Mail Code 140501), addressed to the Grievance Liaison.
Call (310) 825-7777 if you have further questions.

Date _____

Name _____

Title _____

Date Incident Occurred _____

CAMPUS CONTACT INFORMATION

Department _____

Campus Address _____

Mail Code _____

Campus Extension _____

HOME CONTACT INFORMATION

Home Address _____

City, State, Zip _____

Home Telephone Number () _____

WHERE DO YOU WISH TO RECEIVE INFORMATION ABOUT THIS COMPLAINT?

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– If additional space is required, please add supplementary pages –

1. Briefly state each and every complaint which you wish investigated, including the names and department of the persons against whom the complaint is directed (if any). Also list the dates in which these incidents occurred.

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2. With whom have you consulted in an attempt to resolve each complaint and what were the results of your consultations?

3. What remedy do you seek for each complaint?

Signature

Date