



MARTIN LUTHER COLLEGE

## Faculty Grievance Form

### I. Contact information

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone Numbers \_\_\_\_\_  
Home Work Cell

Email address \_\_\_\_\_

Academic Program \_\_\_\_\_

### II. Appeal/Grievance

Appeals must be filed according to the guidelines and timelines set forth in the Faculty Grievance Procedure.

Generally, a grievance meets one or more of the following definitions:

- An alleged violation or misinterpretation of an MLC policy;
- A complaint regarding alleged discriminatory practices; or
- A contested action regarding a decision or implementation of a policy.

To complete the grievance process

1. Review the objectives above and write a letter or email that states clearly in the opening paragraph the reason(s) you believe a grievance is warranted. Use the following paragraph(s) to expand or substantiate the reason(s) for the grievance, including a summary of any evidence you would like to be considered in the review process. Attach this document to this form.
2. Attach any supporting documentation (e.g. letter from a medical professional) that may be supportive.
3. If you wish to present information relating to your grievance in person, please note that you will need to comply with the appeal meeting time that is set by the personnel considering your appeal.

\_\_\_ I would like to request to present my appeal in person.

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*By signing below, I certify that the facts set forth in this form and its attachments are true and complete, and I authorize investigation of the statements I have made.*

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date