**URI/ PART-TIME FACULTY UNITED (PTFU)**

**GRIEVANCE FORM**

Grievant: Date:

Grievance Step:

Department/College:

Campus:

Grievant Mailing Address:

* Do Not Use Campus Mailing Address

Grievant Email:

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URI PTFU Office
Contact Information

URI/Part-Time Faculty United
Rodman Hall, Room 119
94 W Alumni Avenue
University of Rhode Island
Kingston, RI 02881
uriptfu@uri.edu

**NOTE:** A copy of all grievances filed at all levels of the grievance process must also be sent to the URI PTFU Office via land or e-mail at the same time it is filed by e-mail or hard copy to the Department Chair.

Article(s) / Section(s) of Agreement violated:
(Note: If applicable, attach a copy of grievance and decision for Step 1 (Immediate Supervisor/Department Chair) and Step 2 (Dean Level) review(s). (Continue on separate sheet, if needed.)
Statement of Grievance:
(including date of acts or omissions complained of or date grievance decision being appealed was received. (Continue on separate sheet, if needed.)

Redress sought or reason decision is unsatisfactory:
(Continue on separate sheet, if needed.)

I Will Be Represented By:

X
________________________________________

URI / PTFU Representative
* URI / PTFU Representative must sign if representing grievant

Grievance Filed to the Office of:

Date Grievance Filed:

Correspondence By:
* Do not use campus mail

X
________________________________________

Grievant

NOTE: If you choose to represent yourself, a PTFU representative will attend (as stated in the URI PTFU contract) all grievance meetings to ensure that the contractual rights of the part-time faculty member are followed.