



The University of Southern Mississippi

Grievance Form

Name:		Classification:	
Department:		Date:	
Description of Problem (Limit to single item. Submit to immediate supervisor within ten (10) working days of incident)			
Action Requested:			
Step 1: Immediate Supervisor must respond within five (5) working days of receipt:			Date Received:
Signature:		Title:	Date:
Step 2: Next Level Supervisor must respond within five (5) working days of receipt			Date Received:
Signature:		Title:	Date:
Step 3: Vice President must respond within five (5) working days of receipt			Date Received:
Signature:		Title:	Date:
Step 4: Hearing Request			Date Received:
Signature:		Date:	
Additional Remarks:			
Final Decision:			
Signature:		Date:	