The University of Southern Mississippi

Grievance Form

<table>
<thead>
<tr>
<th>Name:</th>
<th>Classification:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**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:  

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7/99 DHR-USM

AA/EOE/ADAJ