Eastern Michigan University

University Advising & Career Development Center Student Employment Grievance Form

Name: Student Number:		per:
Phone: (day) (eve) Address:	
Incident Date:	Student(s) or Staff Member(s) involved:	
	rect supervisor:	
Brief description of grievance		
Desired Resolution by Complainant		
-		
hereby attest that the above information	on is true to the best of my knowledge	
Student's Name	Student's Signature	Date
JACDC Representative		
nearing complaint (name/title)	Signature	Date