

INFORMAL GRIEVANCE STATUS REPORT FORM

Instructions: To be completed by the mediator appointed to assist in resolving the grievance.

GENERAL INFORMATION

Initiator:

Telephone: _____ E-mail: _____

Campus Address: _____

Respondent:

Telephone: _____ E-mail: _____

Campus Address: _____

Mediator:

Telephone: _____ E-mail: _____

Campus Address: _____

STATUS

Select one:

- Initiator decided to stop further action on the grievance.
- Grievance was resolved by agreement of the parties.
- Time period for informal grievance process expired without resolution.

Describe attempts for resolution (include dates of any meetings):

PLEASE ATTACH ALL SUPPORTING DOCUMENTS

Signature: _____ Date: _____