

INTERNAL RESOLUTION PROCESS
FIU BOARD OF TRUSTEES & PBA-LIEUTENANTS
STEP 2: REQUEST OF A REVIEW OF A STEP 1 DECISION

EMPLOYEE COMPLAINT SHEET: DATE RECEIVED: _____

RECEIVED BY: _____
PRINT NAME/TITLE **SIGNATURE**

EMPLOYEE INFORMATION

Employee Name: _____ Department: _____
Date Submitted: _____ Division: _____
E-Mail Address: _____ Phone/Extension: _____

I will be represented in this complaint by (check one – representative must sign and print name on the appropriate line):

- PBA _____
- Myself _____
- Other _____

SUMMARY OF STEP 1 COMPLETION

If the complaint is not satisfactorily resolved at the first step or if the supervisor has failed to respond within the Step 1 deadlines, the complainant, within seven (7) business days of the answer in Step 1, or if no answer was received under Step 1 when the answer was due, may appeal in writing to the Vice President for Human Resources or designee. All complaints will be addressed within fifteen (15) business days of the appeal request.

Date of Step 1 Decision: _____ **Please attach the Supervisor's decision, if any.**

Exception to the Step 2: If the complaint is in reference to a violation of the provision of the Conflict of Interest and Outside Activity Policy, the dispute will be heard by the Vice President or designee no more than 7 business days after a request for a Step 2 review has been filed. The Vice President of Human Resources or designee shall issue a Step 2 decision no more than 3 business days after the Step 2 meeting.

STATEMENT OF COMPLAINT

In the complaint, you must cite the specific policy and sections allegedly violated and the specific acts or omissions giving rise to the allegations.

Indicate your complaint in the space provided below (*attach additional sheets, including supporting documentation, if needed*):

Indicate remedy sought:

I have read and understand the Neutral, Internal Resolution Process Policy. I understand that the filing of a complaint constitutes a waiver of any of my rights to judicial or administrative review, pursuant to Chapter 120, Florida Statutes, or to the review of such actions under other University procedures available to address such matters. This form is in accordance with the Neutral, Internal Resolution of Policy Disputes of the FIU BOT/PBA-LTs Bargaining Agreement.

This notice should be sent to:

Florida International University
Division of Human Resources
Employee & Labor Relations
11200 SW 8th Street, PC 236
Miami, FL 33199

NOTE: The complaint will not be processed unless signed by the complainant(s).

Signature of Complainant(s) / Date

As the PBA representative, I have the authority to sign this complaint on behalf of the grievant.

Signature of PBA Representative on behalf of the Complainant Date

- Attachments:
1. Original Complaint form provided to supervisor
 2. Written Response of the Step 1 Decision, if any
 3. All Attachments

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Note: In the event that any language contained in this form conflicts with the FIU-BOT/PBA-LTs and/or University policies, the FIU-BOT/PBA-LTs and/or University policy language controls.