

**APPENDIX J**  
**Request for Formal Faculty Grievance Hearing Review**  
**Colorado State University-Pueblo**

This Request is to be submitted to the Responsible Individual and the University Grievance Officer (UGO) no later than fifteen (15) working days after the date of notice of termination of the mediation period, as described in Section 2.18.11.4d of the Faculty Handbook.

**I. Complainant Information:**

Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. Accompanying Document**

This request must be accompanied by:

- a) A copy of the Grievance Complaint.
- b) A summary of the evidence that the Grievant is prepared to submit to support the claim.  
See Section 2.18.12 for further information concerning materials provided as evidence for a Hearing Review. (Attach extra pages, if necessary.)

**III. Request Certification**

The above named Grievant hereby requests a Formal Grievance Hearing Review in accordance with Section 2.18.12.1 of the Faculty Handbook.

Signature of Grievant: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**IV. Filing Verification:**

Received by UGO Office: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by UGO: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_