

# Faculty Grievance Complaint Form

Completed forms should be submitted to the Faculty Ombuds Officer  
by email at [escholni@umd.edu](mailto:escholni@umd.edu)

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Legal Representative (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# Faculty Grievance Complaint Form

Provide a concise statement of the action or inaction giving rise to the grievance. Include the date(s) of the action or inaction and the name of the respondent responsible.

Specify the remedy sought.

Please sign below.

\_\_\_\_\_  
Faculty Member  
(Please sign even if form is prepared by a  
legal representative)

\_\_\_\_\_  
Legal Representative (if applicable)