

Faculty Grievance Complaint Form

Completed forms should be submitted to the Faculty Ombuds Officer
by email at kmobrien@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

 Legal Representative (if applicable)

(Please sign even if form is prepared by a legal representative)