PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

STUDENT EMPLOYMENT OFFICE
FORMAL GRIEVANCE FORM

Name:_____ **UIN:**_____

Student Phone #_____ **Student PV Email:** _____

Department:_____ **Supervisor:**_____

Supervisor EXT:_____ **Supervisor PV Email:**_____

Statement of Complaint

Please state the details of your complaint, including the dates of occurrence of any acts which are the subject of your complaint. In addition, please state how you wish this complaint to be resolved. Please attach additional pages if more space is needed.

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Signature of Student Employee:_____ **Date:**_____

Student Employment Office
Office of Human Resources
Mail Stop 1338, P.O. Box 519 Prairie View, TX 77446
Phone (936) 261-1793 Fax (936) 261-1734

www.pvamu.edu