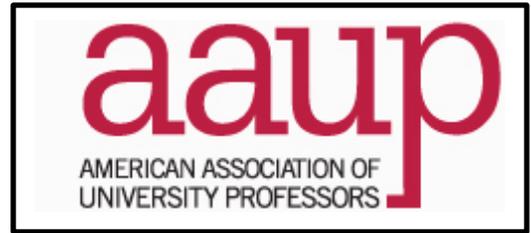


**GRIEVANCE / INQUIRY INTAKE SHEET**

**Hofstra AAUP**

137 Monroe Hall  
(516) 463-5409  
aauphofstra@gmail.com



Faculty Member affected: \_\_\_\_\_

Faculty Member email \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full-time, tenured    Full-time, untenured    Adjunct    Library    Clinical    Special

Dept: \_\_\_\_\_ Dept Chair: \_\_\_\_\_

AAUP dues paying member yes\_\_\_ no\_\_\_

Nature of Complaint(Brief Synopsis):

Date of event (or most recent occurrence if ongoing): \_\_\_\_\_

Date of awareness (if different): \_\_\_\_\_

Possible relevant CBA articles, FPS policies, or Faculty Statutes: \_\_\_\_\_

Possible remedy: \_\_\_\_\_

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Informal resolution attempted: N / Y Date: \_\_\_\_\_    Meeting    Phone    Email

Follow-up (date / union point of contact):

Grievance intake completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Case no. \_\_\_\_\_  
For Hofstra AAUP office use only

Note: Form must be completed only by elected Hofstra AAUP Unit Representatives or members of the Executive Council. The form must be filed either via email to [AAUPHofstra@gmail.com](mailto:AAUPHofstra@gmail.com) or via hard copy to 137 Monroe Hall within 48 hours (if filed electronically, the hard copy must be dropped off within 5 university business days).