**ALBANY STATE UNIVERSITY**

**Master of Social Work Program**

***Notice of Intent to File a Grievance***

This form is to be completed and submitted to the Office of the Chair of the Department of Social Work. When this form is submitted, the MSW Student will be given a copy of the MSW Student Grievance Policy and the Formal Grievance Cover Sheet. The MSW Student will be asked to sign the bottom portion of this Notice of Intent to File a Grievance, indicating that a copy of the MSW Student Grievance Policy and the Formal Grievance Cover Sheet has been received.

The MSW Student Grievance Policy should be reviewed carefully to determine the correct steps that must be taken and the required time frames in which to proceed. Once this form is signed and dated, the MSW Student will receive a copy and a second copy will be given to the Respondent(s).

|  |  |
| --- | --- |
| **MSW Student Name** |  |
| **Respondent(s)**  **[The person (or persons) named in the grievance** |  |
| **Date of the incident or issue being grieved** |  |
| **The incident or issue**  **(Briefly provide information regarding the incident or issue** |  |

**By my signature below, I acknowledge that I have received a copy of the MSW Student Grievance Policy and the Formal Grievance Cover Sheet.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[MSW Student Signature] [Date]**

**ALBANY STATE UNIVERSITY**

**Master of Social Work Program**

***Grievance Cover Sheet***

The MSW Student Grievance Policy of Albany State University includes procedures that MSW Students are strongly encouraged to pursue in an attempt to resolve grievances informally. MSW Students must, at a minimum, show evidence of having met with the Respondent in a good faith effort aimed toward an informal resolution. MSW Students are to use this Cover Sheet to document all efforts made to date and attach the formal grievance to it. Note that a grievance must include the information stated in the MSW Student Grievance Policy. Grievances without complete information per the policy will be returned to the MSW Student without action.

The MSW Student will be given a written notice indicating receipt of these grievance materials. The Grievance Cover Sheet and attached materials will be given to the Chair of the Department of Social Work who will appoint an Ad Hoc MSW Student Grievance Committee. The Committee Chair will contact the MSW Student about scheduling a formal grievance hearing.

|  |  |
| --- | --- |
| MSW Student Name |  |
| Date |  |

|  |  |
| --- | --- |
| **I made an attempt, *as required*, to resolve the grievance matter informally.** | |
|  | I met with the individual against whom I have the grievance on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Date] |

|  |  |
| --- | --- |
| **I have made these attempts to resolve the issue informally** (Check all that apply): | |
|  | I met with my MSW Faculty Advisor with/without the Respondent present on  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  [Date] |
|  | I met with the MSW Program Director with/without the Respondent present on  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  [Date] |
|  | I met with a Mediator from outside the Department of Social Work with the Respondent on  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  [Date] |

**ALBANY STATE UNIVERSITY**

**DEPARTMENT OF SOCIAL WORK**

***MSW GRIEVANCE FORM***

***MSW Students, Faculty and Field Instructors may file a grievance utilizing this form and following the grievance policy found in the MSW Student Manual* *and the MSW Field Manual.***

|  |  |
| --- | --- |
| **Grievor (Person filing the Grievance)** |  |
| **Grievee (Person who the Grievor is filing a Grievance Against)** |  |
| **Semester and Year in which Grievance is Filed** |  |
| **If the Grievance is in Regard to a Specific Course, Please Specify Course Number and Name** |  |

**Nature of the Grievance (Please check):**

|  |  |
| --- | --- |
| √ | **Nature of the Grievance** |
|  | Grade of the MSW Student |
|  | Evaluation of the MSW Student in the Field |
|  | Faculty Member’s Noncompliance with Stated MSW Student Advising Policy of the MSW Program or Department of Social Work |
|  | Faculty Member’s Noncompliance with Stated MSW Policies and Objectives on Classroom Teaching within the MSW Program. |
|  | Faculty Member’s or Field Instructor’s Noncompliance with Stated MSW Policies and Objectives Regarding Field Teaching (In the Classroom or Within the Agency). |
|  | Faculty Member’s or Field Instructor’s Violation of Usually-Accepted Standards for Professional and Ethical Behaviors in MSW Program or Departmental Activities. |
|  | Faculty Member’s or Field Instructor’s Noncompliance with Stated MSW Policies and Objectives Regarding the Selection and/or Retention of Field Instruction Placement of the MSW Student. |
|  | Other (Briefly Specify): |

|  |
| --- |
| Level 1: The MSW Student negotiates with the instructor or faculty member and attempts  to resolve the issue at that level. |

|  |
| --- |
| *To the Grievor*: Below, please clearly and accurately state [*Use additional pages if necessary]*:   * The issue to be resolved * In chronological order, describe your attempts to resolve this issue with the Faculty Member or Instructor * The outcome of your attempts to resolve the issue * The outcome you desire in order to resolve this issue to your satisfaction. |
|  |

|  |
| --- |
| *To the Grievee*: Below, please clearly and accurately state [*Use additional pages if necessary*]:   * In chronological order, describe the evolution of the issues involved in this grievance * Your attempts to resolve this issue with the Grievor * The outcome of your attempts to resolve the issue * Your view of the Grievor’s stated desired outcome required to resolve this issue to the Grievor’s satisfaction. |
|  |

OUTCOME OF LEVEL ONE OF THE GRIEVANCE PROCEDURE:

|  |
| --- |
| This Grievance HAS been resolved to the Grievor’s satisfaction:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of Grievor] [Date]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of Grievee] [Date]  *Please specify how the Grievance has been resolved:* |
| This Grievance HAS NOT been resolved and the Grievor requests that the Grievance be forwarded to Level 2 of the Grievance Process.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of Grievor] [Date]  *Note:* Please make a copy of this Form for your files and forward the Original Copy to the  assigned MSW Faculty Advisor for further processing of the Grievance at Level 2. |

|  |
| --- |
| Level 2: If dissatisfied with the Level 1 outcome, the MSW Student seeks advice from  her/his assigned MSW Faculty Advisor. |

|  |
| --- |
| *To the MSW Faculty Advisor*: Please record the outcome of your meeting with the MSW Student regarding   * Your joint efforts to resolve the grievance to the Grievor’s satisfaction * The outcome of your efforts |
|  |

OUTCOME OF LEVEL TWO OF THE GRIEVANCE PROCEDURE:

|  |
| --- |
| This Grievance HAS been resolved to the Grievor’s satisfaction:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of Grievor] [Date]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of MSW Faculty Advisor] [Date]  *Please specify how the Grievance has been resolved:* |
| This Grievance HAS NOT been resolved and the Grievor requests that the Grievance be forwarded to Level 3 of the Grievance Process.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of Grievor] [Date]  Note: Please make a copy of this Form for your files and forward the Original Copy to the  MSW Program Director for further processing of the Grievance at Level 3. |
| Level 3: If, after consultation with her/his assigned MSW Faculty Advisor, the MSW  Student wishes to pursue the issue further, the MSW Student may appeal for  intervention from the MSW Program Director. This intervention will take the  format of a negotiatory meeting between the MSW Program Director, the  MSW Student, and the Faculty Member or Field Instructor. |

|  |
| --- |
| *To the MSW Program Director*: Please record the outcome of your meeting with the MSW Student regarding   * Your joint efforts to resolve the grievance to the Grievor’s satisfaction * The outcome of your efforts |
|  |

OUTCOME OF LEVEL THREE OF THE GRIEVANCE PROCEDURE:

|  |
| --- |
| This Grievance HAS been resolved to the Grievor’s satisfaction:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of Grievor] [Date]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of MSW Program Director] [Date]  *Please specify how the Grievance has been resolved:* |
| This Grievance HAS NOT been resolved and the Grievor requests that the Grievance be forwarded to Level 4 of the Grievance Process.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of Grievor] [Date]  Note: Please make a copy of this Form for your files and forward the Original Copy to the  Chair of the Department of Social Work for further processing of the Grievance at  Level 4. |
| Level 4: If a student continues to be dissatisfied with the outcome of the above step, s/he  may appeal to the Department of Social Work’s Grievance Committee by filing  a written Grievance and requesting a Hearing. This written Request is submitted  to the Chair of the Department of Social Work. The Chair of the Department of  Social Work shall select the Chair of the Grievance Committee. The Committee  Chair will then appoint members to the Grievance Committee to include at least  Three [3] faculty members and two [2] MSW Students. The written record must  demonstrate the fact that the MSW Student has taken the previously-mentioned  steps, along with the student’s perception of the outcomes of those steps. |

|  |
| --- |
| *To the Chair of the Department of Social Work*: Please record the outcome of your meeting with the MSW Student regarding   * Your joint efforts to resolve the grievance to the Grievor’s satisfaction * The outcome of your efforts |
|  |

OUTCOME OF LEVEL FOUR OF THE GRIEVANCE PROCEDURE:

|  |
| --- |
| This Grievance HAS been resolved to the Grievor’s satisfaction:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of Grievor] [Date]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of the Chair of the Department of Social Work] [Date]  *Please specify how the Grievance has been resolved:* |
| This Grievance HAS NOT been resolved and the Grievor requests that the Grievance be forwarded to Level 4 of the Grievance Process.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Signature of Grievor] [Date]  Note: Please make a copy of this Form for your files and forward the Original Copy to the  Dean of the College of Arts and Sciences for further processing of the Grievance. |