

Complaint Summary Form
To the Academic Freedom and Tenure Committee
See Policy 6-313, and Rules of Procedure

Party Making Complaint

Name: _____ Position: _____
Addresses: University: _____ Home: _____

Phone #: University: _____ Home: _____
Fax #: _____ Email: _____

Respondent(s) against whom complaint is made (attached additional sheets as necessary):

Name: _____ Position: _____
Addresses: University: _____ Home: _____

Phone #: University: _____ Home: _____
Fax #: _____ Email: _____

I. Basis for Seeking AFT Review:

Indicate the nature of the complaint by checking the ground(s) which party believes apply:

- ____ A. Termination due to financial exigency or program discontinuance which violated academic freedom
(See PPM 8-7 Secs. 5 and 6)
- ____ B. Termination due to medical reasons (PPM 8-7 Sec. 4)
- ____ C. Recommendation against retention/promotion/tenure which violated academic freedom
(See PPM 8-7 Rules of Procedure)
- ____ D. Other action which violated academic freedom.
- ____ E. Other action which constitutes a substantial academic grievance centering on the rights and duties of the faculty member engaged in the academic processes of teaching, research, thinking, and communicating the products of these processes; engaged in making academic evaluations; or engaged in departmental, collegial, or university governance as provided by university policies and procedures. Such substantial academic grievance must first have been reviewed by the appropriate administrative authorities. (See PPM 8-7 Rules of Procedure)

II. Summary of the Complaint:

A. Briefly state the action taken which is the basis for the complaint.

B. Briefly explain why that action constituted a denial of academic freedom or a substantial academic grievance:

C. Briefly state what negative effect this has had on the complaining party:

III. Other Procedures. Has party complained about any of the above-described problems to another Committee, office or administrator? ____ Yes ____ No. If so, state to whom: