



**TEXAS WOMAN'S**  
UNIVERSITY

**Transmittal of Grievance, Review, or Appeal Form**

Please refer to [URP 02.350: Faculty Grievance, Review, and Appeal Processes](#) for additional information.

**Section I:** *To be completed by the Grievant.*

\_\_\_\_\_  
Name of Grievant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department, School, or College

Grievance, Review, or Appeal: \_\_\_\_\_

My signature will acknowledge that I have considered the attached Grievance, Review, or Appeal. My response to, or action taken on, this Grievance, Review, or Appeal is reflected in the attached statement or letter.

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

**Section II:** *To be completed for Grievances or Reviews only.*

\_\_\_\_\_  
Signature of First Level Evaluator or First Level Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Second Level Evaluator or Second Level Reviewer

\_\_\_\_\_  
Date

**Section III:** *To be completed for Appeals only.*

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Signature of Chancellor and President

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Date

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Signature of Faculty Review Committee Chair

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Date

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Signature of Faculty Review Committee Appeal Panel Chair

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Date