Florida International University/United Faculty of Florida
Neutral, Internal Resolution of Policy Disputes

Request for Step 2 Review

Date Received by President or Designee: ____________________________

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<thead>
<tr>
<th>COMPLAINANT</th>
<th>STEP 2 COMPLAINT REPRESENTATIVE</th>
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<tr>
<td>NAME:</td>
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<td>SCHOOL/COLLEGE:</td>
<td>MAILING ADDRESS:</td>
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<td>DEPT:</td>
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<td>OFFICE PHONE:</td>
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Complainant hereby requests that the President or designee review the complaint as set forth on the attached Step 1 Complaint Form and issue a decision providing the remedy sought.

Complainant filed this request for review with the President’s or designee’s Office on ________, by (check one): mail (certified or registered, restricted delivery, return receipt requested) ________; personal delivery ________; other (specify) ____________________________.

__________________________
Signature of Complainant:

I am represented in this complaint by (check one - representative should sign on appropriate line. If complainant is represented by the UFF or legal counsel, all University communications should go to the complainant’s representative):

_____ UFF

_____ Legal Counsel

_____ Myself

(See page 2 for additional requirements.)
A copy of the Complaint Form initially filed with the Provost or designee must be attached to this Request for Step 2 Review at the time of its filing with the President or designee.

The Step 2 Decision shall be transmitted to Complainant’s Step 2 Representative by personal delivery with written documentation of receipt or by certified mail, return receipt requested. Copies of this decision shall be sent to Complainant, to the Provost or designee, and to the President, UFF-FIU, if Complainant elected self-representation or representation by legal counsel.