



The University of Utah - Office of the Academic Senate
Request* for Hearing by the Consolidated Hearing Committee
 (Policy 6-011)

This document is accessible when opened in **Adobe Reader**. [If you do not already have Adobe Reader, it is free on the Adobe website.](#)

Last Name First Name

If acting on behalf of administrative unit, include the name of unit also.

Address City Zip Code

Campus Address Campus Telephone

2. Please indicate your employment status, title and department or administrative unit. (Check all that apply).

- Faculty
- Staff
- Student
- Other

Faculty Status

Title Department

Staff Status

Title Dept/Unit

Student Status

Department

Other Status

(Please Explain)

3. Please indicate the reason for the hearing. Check all that apply.

Appeal for review following the Sr. VP's recommendation in RPT case

- Retention
- Promotion
- Tenure

Complaint of discrimination against faculty member or academic unit based on:

- | | | | |
|-------|--------------------|-----------------------|-----------------|
| Race | Sex | Religion | National Origin |
| Color | Sexual Orientation | Veteran - Vietnam Era | |
| Age | Sexual Harassment | Disabled Veteran | |

Proceeding to sanction faculty member for violation(s) of the Faculty Code

Complaint of abridgment of academic freedom

Proceeding for termination or reduction in status for medical reasons

Appeal of dismissal or reduction in status due to financial exigency or program discontinuance

Appeal for restriction on speech under University speech policy

Hearing of allegations of sponsored research misconduct pursuant to Policy 7-001

** A request for a hearing can be transmitted by the Office of Academic Affairs or the VP for Health Sciences for a complaint brought under the Faculty Code of Conduct.*

4. IF this is a complaint against an individual, please provide information pertaining to the individual(s) named in the complaint.

Name	Title	Campus Telephone
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Department	Department Address
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Other Individuals Also Named: (Include Name, Title, Telephone, Department and address) (500 characters maximum)

5. Has this matter been brought before any other University administrator, or committee entity or committee for consideration?

If YES, please list committee(s)/administrator and provide a brief synopsis of process and outcome. (500 characters maximum)

6. On a separate sheet(s) of paper, please provide the following information concerning your complaint:

- A statement setting forth the basis for your appeal or complaint and the pertinent issues.
- A statement setting forth the type of relief you desire. Please state exactly what you are seeking to have happen.
- Attach any relevant documentation.
- Attach the relevant file or summary report generated through the requisite proceedings of other processes, if any.

Signature _____

Date (mm/dd/yyyy)