



**ETHICS REGULATIONS  
GRIEVANCE FORM**

**NAME** \_\_\_\_\_

**STATUS AT NEIU**

**ADDRESS** \_\_\_\_\_

( ) Civil Service

( ) Student

**CITY, STATE, ZIP** \_\_\_\_\_

( ) Faculty

( ) Administrator

**TELEPHONE NO.** \_\_\_\_\_

**SOCIAL SECURITY NO.** \_\_\_\_\_

**THE FOLLOWING PERSON ALWAYS KNOWS WHERE TO CONTACT ME:**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_

**BASIS OR ACTIVITY WHERE THE ETHICAL VIOLATION:**

- Personnel Policy Violation
- Inaccurate Time Keeping
- Misuse of Public Service Announcement
- Improper Appointments to Boards, Commissions, Authorities or Task Forces
- Prohibited Political Activities
- Improper Solicitation of Contributions for a Political Campaign
- Inappropriate Promise
- Improper Receipt of a Gift from a Political Source
- Contracts Decision-Makers
- Whistleblower Protection
- Other: \_\_\_\_\_

**PLEASE LIST THE DATE(S) OF THE ALLEGED INCIDENT(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST ANY WITNESS(ES) TO THE ALLEGED INCIDENT(S) IF ANY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

