

# Ming Chi University of Technology

## Teacher Grievance Review Committee Appeal Form

Grievant name		ID document number	
Date of birth (YYYY-MM-DD)		Service unit and title	
Place of residence			Tel :
Agent or Representative	(If you have no agent or representative, please do not fill in the form)		
Date of birth (YYYY-MM-DD)		ID document number	
Place of residence			Tel :
The original measure unit		The date of receipt or learning of the measures (YYYY-MM-DD)	The date when the grievance was filed (YYYY-MM-DD)
The unit received the grievance :			
Whether or not an appeal, litigation, or labor dispute has been filed concerning the matter under grievance <input type="checkbox"/> NO <input type="checkbox"/> YES , Please check <input type="checkbox"/> Appeal 、 <input type="checkbox"/> Litigation 、 <input type="checkbox"/> Labor dispute settlement Please indicate to which agency or court : _____ Date of filing(YYYY-MM-DD) :			
The facts of the grievance, and the reasons for the grievance			
The specific remedy to be obtained			
Attach original measure documents, relevant documents and evidence			
Grievant name	(Sign or stamp)	Agent	(Sign or stamp)
Republic of China (YYYY-MM-DD)			

No : A010030215