

GRIEVANCE FORM

For use by AFSCME-represented employees. Cannot be used for matters governed by the Maryland Police Accountability Act.

THIS FORM MUST BE COMPLETELY FILLED OUT

Name: _____ Department: _____

Job Title: _____ Employee ID (if applicable): _____

Supervisor: _____

Status: Exempt Nonexempt Sworn Police

Campus Name & Address: _____

Home Address: _____

Phone Number
& Email: _____

Who, if anyone, do you name as your representative? _____

Representative's Phone Number & Email Address: _____

Instructions: All completed Grievance Forms must be filed within the established timeframes either via email or hand delivery. If you have any questions regarding the grievance process, please refer to the Memorandum of Understanding or contact your institution's Office of Human Resources.

Statement of Grievance: State with specificity the alleged actions of the Employer that are the subject of the grievance and include a citation to the provision of the Memorandum of Understanding, and/or Employer rule, policy, or procedure allegedly being violated. (Attach additional pages as necessary.)

Proposed Solution to Grievance: State the remedy you are requesting as a result of filing this grievance.

Grievant's Signature	Date