

**Formal Request, Problem, Complaint,
or Grievance**



Name of Aggrieved Employee: _____

Laboratory: _____ Classification: _____

Current Address: _____

STEP ONE

What is your complaint? _____

What do you think should be done? _____

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

Signature of Aggrieved Employee

Date of Signature

SUBMIT THIS FORM TO YOUR LABORATORY DIRECTOR'S OFFICE

Date formal grievance was received by Laboratory Director: _____

A conference was held with the employee, his designated supervisor and representative (if any) on the following date(s): _____

Step One Decision: _____

Attach additional pages if necessary. Additional pages attached? Yes No

Signature of Laboratory Director or Designee

Date of Signature

SUBMIT A COPY OF THIS FORM AND DECISION TO THE DIRECTOR OF HUMAN RESOURCES

STEP TWO

I wish to appeal the results of Step One of the Grievance Procedure.

Signature of Aggrieved Employee

Date of Signature

SUBMIT THIS FORM TO THE DIRECTOR OF HUMAN RESOURCES

Date appeal from Step One was received by Director of Human Resources: _____

Signature of Director of Human Resources

Date of Signature

Date of Hearing: _____

Hearing Officer: _____

Step Two Decision [Attached]

Signature of Hearing Officer

Date of Signature

over

STEP THREE

I wish to appeal the results of Step Two of the Grievance Procedure.

Signature of Aggrieved Employee

Date of Signature

NOTE: To appeal the Step Two decision you must submit this form along with a copy of the decision to:

**Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, Maryland 21031-1301**

UMCES, Revised 12-18-97