



Bowie State University

UNIVERSITY OF MARYLAND SYSTEMS FORMAL REQUEST, PROBLEM, COMPLAINT, OR GRIEVANCE

Name of Aggrieved Employee: _____
Classification _____
Department _____
Campus- _____
Current Address _____

EMPLOYEE	What is your complaint? _____ _____ _____	
	What do you think should be done? _____ _____ _____	
	Who, if anybody, do you name as your representative? _____ _____	
	Date of Signature _____	Signature of Aggrieved Employee _____
STEP ONE		
DEPARTMENT HEAD	Date formal grievance was received by Department Head or Designee _____. Disposition: _____ _____ _____	
	Date of Signature _____	Signature of Department Head _____
EMPLOYEE	I wish to appeal the results of Step One of the Grievance Procedure.	
	Date of Signature _____	Signature of Aggrieved Employee _____

STEP TWO

PRESIDENT/CHANCELLOR
OR DESIGNEE

Date appeal from Step 1 was received by President/Chancellor or designee. _____.

Date of Hearing: _____ Hearing Officer: _____.

Disposition (Attach a copy of disposition)

Date of Signature

Signature of Hearing Officer

EMPLOYEE

I wish to appeal the results of Step Two of the Grievance Procedure to the Office of Administrative Hearing or Arbitration.

Date of Signature

Signature of Aggrieved Employee

HEARING OFFICER

STEP THREE

Date appeal was received by Office of Administrative Hearing _____.
Disposition. (Attach a copy of disposition) Hearing Officer: _____

Date of Signature

Signature of Hearing Officer