



DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____
Court Address

Employee Grievant _____

STATEMENT OF GRIEVANCE

Date of Knowledge of Occurrence: _____

Nature of Grievance: _____

Attach separate sheets if necessary.

Remedy sought: _____

Prior to filing this grievance I made the following attempts to resolve this matter: _____

do do not waive the time requirements at step one.

am represented by _____
Employee's Representative Signature of Employee Date

certify that this Statement of Grievance was received in the Administrative Clerk's office on:

Date Signature