



## MdTA GRIEVANCE OR APPEAL FORM

The MdTA Grievance and Appeal Procedures have been established to address complaints or disagreements which an employee may have against the Maryland Transportation Authority concerning the application of MdTA policies, procedures, rules or regulations over which the MdTA has control and which affect the employee.

To file a written grievance or appeal, an employee must have first conferred informally with a supervisor regarding the questioning or disagreement with management's decision or interpretation of a policy, procedure, rule, or regulation. If subsequent to the informal conference, the employee still desires to pursue the issue, the employee must file this form. The form must be thoroughly completed. The employee must submit the completed form to the Senior Manager within thirty (30) calendar days of knowledge of management's decision, or receipt of a letter of reprimand, or within five (5) calendar days of receipt of the disciplinary suspension.

NAME \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

SHIFT \_\_\_\_\_ FACILITY \_\_\_\_\_ WORK TELEPHONE NUMBER \_\_\_\_\_

DATE ISSUE DISCUSSED INFORMALLY WITH SUPERVISOR \_\_\_\_\_

STATEMENT OF GRIEVANCE OR APPEAL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MdTA POLICY, PROCEDURE, RULE OR REGULATION VIOLATED \_\_\_\_\_  
\_\_\_\_\_

STATEMENT OF FACTS (Specifically state how the interpretation or application of the policy, procedure, rule or regulation has impacted unfairly on you.) (Use additional paper if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU INTEND TO BE ASSISTED BY A REPRESENTATIVE, PLEASE LIST NAME, ADDRESS AND TELEPHONE NUMBER \_\_\_\_\_  
\_\_\_\_\_

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY PERSONAL KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date