

UNIVERSITY OF MARYLAND

Formal Request, Problem, Complaint, or Grievance

Formal Stage of Step One

Name of Aggrieved Employee \_\_\_\_\_

Classification \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Current Home Address \_\_\_\_\_

EMPLOYEE

What is your complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think should be done? \_\_\_\_\_  
\_\_\_\_\_

Who if anybody, do you name as your representative? \_\_\_\_\_

\_\_\_\_\_  
Date

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

DEPARTMENT HEAD  
OR DESIGNEE

Date formal grievance was received by Department Head or Designee.

Disposition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head or  
Designee

EMPLOYEE

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Aggrieved Employee  
or Representative

STEP TWO

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

Date of Hearing \_\_\_\_\_

Hearing Officer \_\_\_\_\_

Disposition (Attach a copy of disposition)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Hearing Officer

I wish to appeal the results of Step Two of the Grievance Procedure to \_\_\_\_\_ Office of Administrative Hearings \_\_\_\_\_ Arbitration.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Aggrieved Employee or Representative

NOTE: Appeals of Step Two results must be made in writing to:

OFFICE OF ADMINISTRATIVE HEARINGS  
ADMINISTRATIVE LAW BUILDING  
DOCKET SPECIALIST'S OFFICE, UNIT D  
11101 GILROY ROAD  
HUNT VALLEY, MARYLAND 21031-1301