



UNIVERSITY OF MAINE SYSTEM
PROFESSIONAL AND ADMINISTRATIVE STAFF UNIT
STEP 1 GRIEVANCE FORM

Grievant: _____

Date: _____

CAMPUS: _____

UMPSA Grievance Representative: _____

Department: _____

Mailing Address: _____

Mailing Address: _____

Article(s) and Section(s) of Agreement violated: _____

Statement of grievance (including date of acts or omissions complained of):

Redress sought:

I will be represented in this grievance by: (check one)

UMPSA Myself

UMPSA grievance representative's signature _____

(If UMPSA is representing the grievant, an UMPSA representative must sign here).

This grievance was filed with the office of _____ on _____

by (check on) mail or personal delivery

Signature of Grievant _____

Date Received: _____	By _____	Grievance Number _____
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Step 1

Administrator whose action or decision is being contested

Grievant

Campus Grievance Person or UMPSA (Bangor)