

APPENDIX A – STEP 1 GRIEVANCE FORM



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

Grievant _____ Date Filed: _____
 CAMPUS: _____ UMPSA Grievance
 Department: _____ Representative: _____
 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 one): _____ mail or _____ personal delivery.

Signature of Grievant _____

Date Received: _____ By: _____ Grievance Number: _____

DISTRIBUTION:	ORIGINAL	1 st COPY	2 nd COPY
Step 1	Administrator whose Action or decision is being contested	Grievant	Campus Grievance Person or UMPSA (Bangor)