



## Grievance Form

Please refer to USM/UMB Policies and Procedures VII – 8.00 USM Policy on Grievances for Nonexempt and Exempt Staff Employees and UMB Guidelines and Procedures VII – 8.00 (A) for additional information. Policies can be located online at <https://www.umaryland.edu/policies-and-procedures/index/> or upon request from, Human Resources – Employee and Labor Relations at 620 W. Lexington Street, Third Floor or via email at [hrelr@umaryland.edu](mailto:hrelr@umaryland.edu).

AFSCME Nonexempt Bargaining Unit employees, please utilize the [AFSCME grievance form](#).

**Employee's Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Department/School:** \_\_\_\_\_

**Campus Address/Location:** \_\_\_\_\_

**Campus Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Employee's Statement of Grievance:** \_\_\_\_\_

\_\_\_\_\_

**Employee's Recommended Solution:** \_\_\_\_\_

\_\_\_\_\_

**Employee's Representative (Not Required):** \_\_\_\_\_

**Representative's Phone and Email Address:** \_\_\_\_\_

\_\_\_\_\_  
**Employee's Signature** **Date**

**Step I. Department Head or Designee** **Date Received:** \_\_\_\_\_

**Disposition:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Department Head/Designee Signature** **Date**

**I wish to appeal the Step I Grievance Decision:**

\_\_\_\_\_  
**Employee's Signature** **Date**

See UMB VII - 8.00 (A) for Step II and Step III Appeal and Mailing Instructions.