



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.

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.