



Name: \_\_\_\_\_ Grievance Number: \_\_\_\_\_  
 Department: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Campus Address: \_\_\_\_\_  
 Phone Number and Email (for contact regarding hearings): \_\_\_\_\_

To be completed by the employee (Please send a copy of Grievance Form and all related correspondence to Staff Relations, 3110 Chesapeake Building):

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

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

**Suspension Cases ONLY** – I wish this case to begin being heard at:

Step One

Step Two

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

Date \_\_\_\_\_ Signature of Employee and/or Representative \_\_\_\_\_

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

Submit this form to your Department Head

To be completed by Department Head or Designee:

Date formal grievance was received by Department head or Designee:

Step One Decision (choose one):      Granted in Full              Granted in Part              Denied

**(Attach a copy of Step One Decision AND SEND TO STAFF RELATIONS)**

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

Return this form to the Employee



<b>Name of Grievant &amp; Number</b>	<b>Date</b>

To be completed by employee:

I wish to appeal the Step One decision to Step Two of the grievance procedure.

Date

Signature of Aggrieved Employee and/or Representative

<b>Submit this form to: Staff Relations Room 3110, Chesapeake Building</b>
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I wish to appeal the Step Two decision to:

(check one)      Office of Administrative Hearing      OR      Arbitration

Date

Signature of Employee and/or Representative

\*Important Note: To appeal the Step Two decision the Grievant and/or their Representative must submit this form along with a copy of the decision to:

**Office of Administrative Hearings  
Administrative Law Building  
11101 Gilroy Road  
Hunt Valley, MD 21031-8201**

Questions regarding scheduling of Step Three hearings or other issues related to Step Three of the grievance procedure should be directed to the Office of Administrative Hearings at (410)229-4100.

For a copy of USM Policy VII – 8.00 –Policy on Grievances for Exempt and Nonexempt Staff Employees,” see: <http://www.usmd.edu/regents/bylaws/SectionVII/VII800.pdf>. Or see the Grievance Procedure in Annotated Code of Maryland, Education Article, Section 13 -201 et.seq.