



St. Mary's College of Maryland
at Historic St. Mary's City

GRIEVANCE AND APPEAL FORM

Name: _____ Supervisor: _____
Home Address: _____ Department: _____
_____ Department Head: _____
Home Phone: _____ Work Phone: _____

I wish to file the following grievance:

- _____ INFORMAL: Must be initiated within 10 working days from date or knowledge of occurrence.
- _____ STEP 1: Must be initiated within 10 working days from the date of response of informal step.
- _____ STEP 2: Must be initiated within 10 working days from the date of written denial Step 1.
- _____ STEP 3: Must be initiated within 10 working days from the date of written denial Step 2.

Reason for grievance or appeal:

Date of alleged incident:

Requested solution:

Employee Representative (if applicable):

Name: _____
Organization: _____
Phone: _____

Employee's Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Hearing Date: _____
Decision: _____ Decision Sent: _____
Return receipt date: _____ (certified mail)

Forward the completed form to the Office of Human Resources.