ST MARY'S COLLEGE of MARYLAND

Office of Human Resources
18952 East Fisher Road
St. Mary's City, MD, 20686

www.smcm.edu
TEL: 240-895-4309
FAX: 240-895-4997

GRIEVANCE AND APPEAL FORM

(Non-Union Employees)

Full Name: _____ Supervisor: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Department: _____

Work Phone: _____ Department Head: _____

I wish to file the following grievance:

☐ STEP 1: Must be initiated within 10 working days from date of alleged incident, knowledge of alleged incident, or the date of receipt of written notice.

☐ STEP 2: Must be initiated within 10 working days of notification of Step 1 grievance decision.

☐ STEP 3: Must be initiated within 10 working days of notification of Step 2 grievance decision.

Reason for grievance or appeal:

Date of alleged incident:

Requested solution:

Employee Representative (if applicable):

Once you've completed and saved this form, please email your document to: hr@smcm.edu

Full 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