UNIVERSITY OF MAINE SYSTEM
SERVICE AND MAINTENANCE UNIT

GRIEVANCE FORM – Step 1 CAMPUS _____

Step 1:

TO: _____ _____
Director Date Filed

FROM: _____ _____
Steward Signature of Steward

_____
Signature of Grievant

Grievance of: _____
Employee(s) or Union

Section(s) of agreement allegedly violated: _____

Date(s) of occurrence giving rise to grievance: _____ (if more than five (5) days prior to the filing date, include an explanation as to when the problem became known to the employee and why the employee should not be charged with knowledge as of an earlier date):

_____
_____

Statement of facts and evidence supporting the grievance: (Attach supporting documents if appropriate)

_____
_____
_____
_____

Redress sought:

_____
_____

Date Received _____ By _____

Grievance Number:

Disposition: ☐ Settled ☐ Withdrawn ☐ Rendered Date: _____

To be completed by Director

INSTRUCTIONS: Fill out as indicated.

Step 1 **DISTRIBUTION:** Original **Director** | 1st Copy **Steward** | 2nd Copy **Campus Grievance File**