



UNIVERSITY OF MAINE SYSTEM CLERICAL, OFFICE, LABORATORY AND TECHNICAL UNIT

STEP 1 GRIEVANCE FORM

Grievant: _____

Date: _____

CAMPUS: _____

ACSUM Grievance
Representative: _____

Department: _____

Mailing Address: _____

Mailing Address: _____

Article(s) and Section(s) of Agreement violated: _____

Statement of grievance (including date of acts or omissions complained of):

Redress sought:

I will be represented in this grievance by: (check one)

ACSUM

Myself

ACSUM grievance representative's signature _____

(If ACSUM is representing the grievant, an ACSUM representative must sign here).

This grievance was filed with the office of _____ on _____

by (check on)

mail or

personal delivery

Signature of Grievant _____

Date

Received: _____ By _____ Grievance Number _____

DISTRIBUTION

ORIGINAL

1st COPY

2nd COPY

Step 1

Designated
Administrator

Grievant

Campus Grievance
Representative or
ACSUM (Bangor)