



Office filed in: _____
Date received: _____
Grievance number: _____

**University of Maine System
Non-Represented Employee Grievance
Step 1**

Instructions: Complete this form and deliver it to your Department Director (or Dean or next level appropriate administrator). Please be specific and concise.

To: _____
From: _____
Date: _____

I am filing a grievance in accordance with the Grievance Procedure for Non-Represented Employees.

1. Name of grievant(s) (if more than one grievant, list all and specify one to whom all correspondence will be sent): -----
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2. Name(s) of individuals whose action or decision is being grieved: -----

3. Specify date, time, place, and other relevant circumstances surrounding the alleged violation:

4. Name(s) and contact information for witnesses if any: _____

5. University policy or procedure that has allegedly been violated: _____

Attach a separate sheet giving a clear statement of the grievance, including any applicable policies, procedures, or rules. Briefly describe actions previously taken to resolve this grievance.

Signature: _____

Copy to: Campus Grievance File
Grievant



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University of Maine System
Non Represented Employee Grievance Appeal

Check one: Step 2 ____ or Step 3 ____

Instructions: Complete this form and deliver it to your Vice President/Senior Staff member (if filed at Step 2) or President/Chancellor (if filed at Step 3). Please be specific and concise. Attach original grievance and all responses and appeals filed on this matter.

To: _____
From: _____
Date: _____

Date of receipt of (check one) Step 1 ____ or Step 2 ____ response: _____

I am appealing the (check one) Step 1 ____ or Step 2 ____ response to the attached grievance for the following reasons (state specific reasons for the appeal, attach additional sheets if necessary):

Signature: _____

Copy to: Campus Grievance File
Grievant