



**UNIVERSITY OF MAINE SYSTEM**  
**PROFESSIONAL AND ADMINISTRATIVE STAFF UNIT**  
**STEP 1 GRIEVANCE FORM**

Grievant: \_\_\_\_\_

Date: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

UMPSA 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)

UMPSA                       Myself

UMPSA grievance representative's signature \_\_\_\_\_

(If UMPSA is representing the grievant, an UMPSA 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	1 <sup>st</sup> COPY	2 <sup>nd</sup> COPY
<b>Step 1</b>	Administrator whose action or decision is being contested	Grievant	Campus Grievance Person or UMPSA (Bangor)