**UNIVERSITY OF MAINE SYSTEM**  
**CLERICAL, OFFICE, LABORATORY AND TECHNICAL UNIT**  
**STEP 1 GRIEVANCE FORM**

| Grievant: ___________________________ | Date: ___________________________ |
| CAMPUS: ___________________________ | MTA 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)

MTA  
Myself  

MTA grievance representative’s signature ____________________________________________  
(If MTA is representing the grievant, an MTA 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**  
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**2nd COPY**

**Step 1**  
Designated Administrator  
Grievant  
Campus Grievance Representative or MTA (Bangor)