

Department Grievance No. _____

GRIEVANCE FORM

Civil Service Reference No. _____

(Provided by Employer)

(Assigned upon appeal to Civil Service)

This form is to be used: (1) to file a statement of grievance, (2) for the department to respond, or (3) to file an appeal of the department's response. PRIOR TO COMPLETING AND FILING THIS FORM, see Civil Service Regulation 8.01, *Grievance and Grievance Appeal Procedures*, and Regulation 8.06, *Computing Time and Filing Documents*, available on the Web at www.michigan.gov/mdcs/1,1607,7-147-6877_9083-17775--,00.html or at your personnel office.

GRIEVANT'S NAME (Please print)			NAME OF GRIEVANT'S REPRESENTATIVE (Please print)		
EMPLOYEE ID NO.			REPRESENTATIVE'S ORGANIZATION		
GRIEVANT'S HOME MAILING ADDRESS			REPRESENTATIVE'S MAILING ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
HOME PHONE NO.	WORK PHONE NO. (and EXT.)		REPRESENTATIVE'S PHONE NO.	REPRESENTATIVE'S FAX NO.	
FAX NUMBER	E-MAIL ADDRESS		REPRESENTATIVE'S E-MAIL ADDRESS		
GRIEVANT'S DEPARTMENT AND AGENCY			GRIEVANT'S CLASS AND LEVEL		

Please check the appropriate step and provide your statement below.

- | | |
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| <input type="checkbox"/> Statement of grievance and requested relief filed at Step 1 | <input type="checkbox"/> Statement of grievance and requested relief filed at Step 2 |
| <input type="checkbox"/> Department answer at Step 1 | <input type="checkbox"/> Reason for appeal of Step 1 answer to Step 2 |
| <input type="checkbox"/> Department answer at Step 2 | <input type="checkbox"/> Reason for appeal of Step 2 answer to Civil Service |

NOTE: Appeals to Civil Service FROM Step 2 must be filed with the Civil Service Commission Hearings Office, Capitol Commons Center, 400 South Pine Street, Suite 102, P.O. Box 30002, Lansing, Michigan 48909; Fax (517) 241-9099; E-Mail MDCS-Hearings@michigan.gov; Telephone (517) 241-9096. You must include in this filing all underlying documents of the grievance chain.

STATEMENT (Attach and label additional sheets if necessary.)

SIGNATURE	DATE
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