



BOWIE STATE UNIVERSITY
University System of Maryland

Form for Formal Request, Problem, Complaint, or Grievance

Name of Aggrieved Employee: _____

Classification: _____ Department: _____

Current Address: _____

Employee	What is your complaint? _____ _____
	What do you think should be done? _____ _____
	Who, if anyone, do you name as your representative?: _____
	Signature: _____ Date: _____

Department Head	STEP ONE
	Date form grievance was received by Department Head or designee: _____ Deposition _____ _____ Signature: _____ Date: _____
Employee	I wish to appeal the results of Step One of the grievance procedure. Signature: _____ Date: _____

**President/Chancellor
or Designee**

STEP TWO

Date appeal from Step One form was received by President/Chancellor or designee:

Date of Hearing: _____

Hearing Officer: _____

Disposition (attach a copy of the disposition)

Signature: _____ Date: _____

Employee

I wish to appeal the results of Step Two of the grievance procedure to the Office of Administrative Hearing or Arbitration.

Signature: _____ Date: _____

Hearing Officer

STEP THREE

Date appeal was received by Office of Administrative Hearing _____

Hearing Officer: _____

Disposition (attach a copy of the disposition)

Signature: _____ Date: _____