



Bowie State University

University System of Maryland Formal Request, Problem, Complaint, or Grievance

Name of Aggrieved Employee:	
Classification:	
Department:	
Campus:	
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 formal grievance was received by Department Head or Designee _____
	Disposition _____ _____ _____
	Signature _____ Date _____

EMPLOYEE	I wish to appeal the results of Step One of the grievance procedure. Signature _____ Date _____
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PRESIDENT/CHANCELLOR OR OR DESIGNEE	STEP TWO	
	Date appeal from Step One was received by President/Chancellor or designee:	
	Date of Hearing_____	Hearing Officer_____
	Disposition (attach a copy of 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 disposition)	
	Signature_____	Date_____