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

Name of Aggrieved Employee: ____________________________
Classification: ____________________________
Department: ____________________________
Campus: ____________________________
Current Address: ____________________________

What is your complaint? __________________________________________________________

________________________________________

What do you think should be done? __________________________________________________________

________________________________________

Who, if anyone, do you name as your representative? ____________________________

Signature________________________________________ Date____________________________

STEP ONE

Date formal grievance was received by Department Head or Designee_________________________

Disposition________________________________________

________________________________________

Signature________________________________________ Date____________________________

DEPARTMENT HEAD

I wish to appeal the results of Step One of the grievance procedure.

Signature________________________________________ Date____________________________

EMPLOYEE
### STEP TWO

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

<table>
<thead>
<tr>
<th>Date of Hearing</th>
<th>Hearing Officer</th>
</tr>
</thead>
</table>

Disposition (attach a copy of disposition)

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### EMPLOYEE

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

### STEP THREE

Date appeal was received by Office of Administrative Hearing

<table>
<thead>
<tr>
<th>Hearing Officer</th>
</tr>
</thead>
</table>

Disposition (attach a copy of disposition)

<table>
<thead>
<tr>
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</table>