



Grievance Number – For Agency/DPM use only

Wis. Stats s.230.445

ADVERSE EMPLOYMENT ACTION EMPLOYEE GRIEVANCE

Step 1: To commence a grievance, this form must be submitted to the Appointing Authority or your Department’s designated grievance representative within 14 days of your notice of the adverse employment action being grieved.

Step 2: To appeal a Step 1 decision, this form must be submitted to the Division of Personnel Management at DOADPMGrievance@wisconsin.gov or 101 East Wilson St., 4th Floor, PO Box 7855, Madison, WI 53707-7855 within 14 days of the date provided in the “Date Returned” box on the Step 1 Decision. If the appointing authority or designee does not issue a written decision within 15 days after the receipt of the grievance at Step 1, the employee may appeal their grievance to DPM.

Please Check One		
This is a Step 1 Grievance Commencement <input type="checkbox"/>		
This is a Step 2 Grievance Appeal of Employer Step 1 Decision <input type="checkbox"/>		
Last Name, First Name, MI	Agency/Division	
Employing Unit	Work Unit	Supervisor
Headquarter Location	Hours of Work	
Classification	Preferred Email Address	
Home Address	Preferred Telephone	
Adverse Employment Action/Subject of Grievance (Please Check One)		
<input type="checkbox"/> 1-Day Suspension <input type="checkbox"/> 3-Day Suspension <input type="checkbox"/> 5-Day Suspension <input type="checkbox"/> Demotion <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Reduction in Base Pay		
Grievance Summary		
Relief Sought		
Date Submitted	Received By (For Agency/DPM Use Only)	Date Received