STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL MANAGEMENT
DOA-15805 (C07/2016)

PER WIS. ADMIN. CODE ER 46

Grievance Number – For Agency use only

CONDITION OF EMPLOYMENT
EMPLOYEE GRIEVANCE REPORT

INSTRUCTIONS

Step 1: To commence a grievance, this form must be submitted to your designated employer grievance representative within 30 days of your awareness of the condition of employment being grieved.

Step 2: To appeal a Step 1 decision, a Step 2 grievance must be submitted to your next level designated employer grievance representative within 7 days from receipt of the Step 1 decision.

Step 3: To appeal a Step 2 decision, a Step 3 grievance must be submitted to your employer identified appointing authority or designee within 7 days from receipt of the Step 2 decision. Refer to Wis. Admin. Code ER 46 for further instructions.

Please Check One

This is a **Step 1** Grievance ☐ This is a **Step 2** Grievance ☐ This is a **Step 3** Grievance ☐

Last Name, First Name, MI	Telephone	Email
Agency/Division	Employing Unit	Work Unit

Headquarter Location	Classification	Supervisor	Hours of Work
Condition of Employment Being Grieved			
Grievance Summary and Relief Sought			

Date Submitted	Received By	Date Received

EMPLOYER REPRESENTATIVE RESPONSE

Employer Representative (or Designee)	Date Grievance Heard	Date of Response & Method of Return
Grievance Response and Rationale		

APPEAL RIGHTS: If you are dissatisfied with the decision received from the employer representative you may advance your grievance to the next step. See Wis. Admin. Code ER 46 for instructions.