**GRIEVANCE FORM - STATE OF CONNECTICUT**

<table>
<thead>
<tr>
<th>Name of Grievant:</th>
<th>Agency:</th>
</tr>
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<tbody>
<tr>
<td>Official Class Title:</td>
<td>Bargaining Unit:</td>
</tr>
<tr>
<td>Facility/Work Location:</td>
<td></td>
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**Contract Provision Violated (Article, Section):**

**Date of Alleged Violation:**

**Date of Discussion:**

**Statement of Grievance (facts and issues involved):**

__________________________________________________________________________

**Specific Remedy Requested:**

__________________________________________________________________________

Signature of Employee

Signature of Union Delegate/Organizer

**Date Filed at Step 1**

__________________________________________________________________________

**Answer at Step 1 (Agency Head or Designee):**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**Signature of Respondent**

**Date of Response**

__________________________________________________________________________

**If answer at Step 1 is not satisfactory, an appeal to Step 2 (Office of Labor Relations) must be made within 5 work days of response at Step 1. An employee wishing to appeal to Step 2 should sign along with Delegate/Organizer, below.**

__________________________________________________________________________

Signature of Employee

Signature of Union Delegate/Organizer

**Date Filed for Step 2**

__________________________________________________________________________

**Answer at Step 2 (Office of Labor Relations)**

__________________________________________________________________________

__________________________________________________________________________

Signature of Respondent

**Date of Conference**

**Date of Response**
Where to file Step 1 Grievances

Department of Developmental Services
Sara Cook
460 Capitol Avenue
Hartford, CT 06106

Department of Public Health
Michael Carey
410 Capitol Avenue, MS#13PER
Hartford, CT 06106

Department of Emergency Services
& Public Protection
James Canon
1111 Country Club Road
Middletown, CT 06457

Department of Mental Health & Addiction Services
Steven Beaupre
P.O. Box 550, 460 Silver Street
Middletown, CT 06457

Department of Veteran Affairs
Noreen Sinclair
287 West Street
Rocky Hill, CT 06067

Department of Corrections (CMHC & Chaplains)
Jeffrey Miller
24 Wolcott Hill Road
Wethersfield, CT 06109

Department of Children & Families
Jeanette Perez
505 Hudson Street
Hartford, CT 06106

Department of Education
Karen Zuboff
165 Capitol Avenue, Rm. 322
Hartford, CT 06106

UConn Health Center
John Peeples
263 Farmington Avenue
Farmington, CT 06032

Department of Consumer Protection
Deborah Craig
165 Capitol Avenue, Room 16
Hartford, CT 06106

Office of the Chief Medical Examiner
Rachel Fein
11 Shuttle Road
Farmington, CT 06032

Department of Social Services
Diane Benedetto
25 Sigourney Street
Hartford, CT 06106

Connecticut State University
Ernie Marquez
39 Woodland Street
Hartford, CT 06105

(If your agency is not listed here, please contact your organizer)

Where to file Step 2 Grievances
Sandra Fae Brown-Brewton
Office of Policy & Management
Office of Labor Relations
450 Capitol Avenue, MS#53OLR
Hartford, CT 06106-1308

Step I (Agency)
• File within 21 days with Agency.
• Meet within 10 days of Agency’s receipt of grievance.
• Written Response within 7 days of meeting.

Step 2 (OLR)
• File within 5 work days with Office of Labor Relations.
• Meet within 21 days of Agency’s receipt of grievance.
• Written Response within 7 days of meeting.

Step 3 (Arbitration)
• File within 14 days with OLR.
• Meeting arranged 21 days after OLR’s receipt of grievance; actual hearing within next 45 days.
• Written Response from arbitrator normally 60 days after last day of arbitration.

Attention Delegate: Please print your name and address here so you can be notified of the Step 2 hearing.

Name:_____________________________________________________

Street:__________________________________________________ Apt. _______

City/Town:________________________________________ State:____ Zip:_______