

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 Peoples
263 Farmington Avenue
Farmington, CT 06032

Department of Consumer Protection

Deborah Craig
165 Capitol Avenue, Room 16
Hartford, CT 06106

Department of Social Services

Diane Benedetto
25 Sigourney Street
Hartford, CT 06106

Office of the Chief Medical Examiner

Rachel Fein
11 Shuttle Road
Farmington, CT 06032

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 1 (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: _____