GRIEVANCE FORM - STATE OF CONNECTICUT

Name of Grievant:	Agency:	
Official Class Title:	Bargaining Unit:	
Facility/Work Location:		
Contract Provision Violated (Article, Section)):	
Date of Alleged Violation:	of Alleged Violation: Date of Discussion:	
Statement of Grievance (facts and issues in	volved):	
Specific Remedy Requested:		
Signature of Employee	Signature of Union Delegate/Organizer	
Date Filed at Ste	ep 1	
Answer at Step I (Agency Head or Designed	e):	
Signature of Respondent	Date of Response	
If answer at Step I is not satisfactory, an app within 5 work days of response at Step 1. An with Delegate/Organizer, below.	peal to Step 2 (Office of Labor Relations) must be made n employee wishing to appeal to Step 2 should sign along	
Signature of Employee	Signature of Union Delegate/Organizer	
Date Filed for St	tep 2	
Answer at Step 2 (Office of Labor Relations	·)	
Signature of Despendent	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 Mental Health & Addiction Services

Steven Beaupre P.O. Box 550, 460 Silver Street Middletown, CT 06457

Department of Children & Families

Jeanette Perez 505 Hudson Street Hartford, CT 06106

Department of Consumer Protection

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

Connecticut State University

Ernie Marquez 39 Woodland Street Hartford, CT 06105

Department of Public Health

Michael Carey 410 Capitol Avenue, MS#13PER Hartford, CT 06106

Department of Veteran Affairs

Noreen Sinclair 287 West Street Rocky Hill, CT 06067

Department of Education

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

Department of Social Services

Diane Benedetto 25 Sigourney Street Hartford, CT 06106

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

Department of Emergency Services

& Public Protection
James Canon
1111 Country Club Road

Middletown, CT 06457

Department of Corrections (CMHC &

Chaplains) Jeffrey Miller

24 Wolcott Hill Road Wethersfield, CT 06109

UConn Health Center

John Peeples 263 Farmington Avenue Farmington, CT 06032

Office of the Chief Medical Examiner

Rachel Fein 11 Shuttle Road Farmington, CT 06032

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:		