

GRIEVANCE FORM - STATE OF CONNECTICUT

Name of Grievant:	Agency:
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Official Class Title:	Bargaining Unit:
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Facility/Work Location:

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 I (Agency Head or Designee): _____

----- Signature of Respondent	----- Date of Response
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If answer at Step I 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
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Where to file Step 1 Grievances

Department of Developmental Services

Melissa Samuels
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

John Flannery
505 Hudson Street
Hartford, CT 06106

Department of Consumer Protection

Deborah Craig
450 Columbus Boulevard, Suite 901
Hartford, CT 06103

Department of Administrative Services

450 Columbus Boulevard, Suite 1101
Hartford, CT 06103

Department of Public Health

Kristina Worley
410 Capitol Avenue, MS#13PER
Hartford, CT 06106

Department of Veteran Affairs

Bethanne Watts
287 West Street
Rocky Hill, CT 06067

Department of Education

Rafael Palacio
450 Columbus Boulevard
Hartford, CT 06103

Department of Social Services

Mike Vasile
25 Sigourney Street
Hartford, CT 06106

Department of Aging & Disability Services

55 Farmington Avenue, 12th Floor
Hartford, CT 06105

Department of Emergency Services & Public Protection

Lori Bednarz
1111 Country Club Road
Middletown, CT 06457

Department of Corrections (CMHC & Chaplains)

Lori Kolakowski
24 Wolcott Hill Road
Wethersfield, CT 06109

UConn Health Center

Erick Diaz Vazquez
263 Farmington Avenue
Farmington, CT 06032

Office of the Chief Medical Examiner

Lincoln Dwayne Gordon
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

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

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: _____