

**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:
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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 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 Plyler  
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, 12<sup>th</sup> Floor  
Hartford, CT 06105

### **Department of Emergency Services & Public Protection**

Lori Bednarz  
1111 Country Club Road  
Middletown, CT 06457

### **Department of Corrections (CMHC & Chaplains)**

Sarah Fasano-Fernicola  
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**

Rachel Fein  
11 Shuttle Road  
Farmington, CT 06032

### **Where to file Step 2 Grievances**

David Krayeski  
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: \_\_\_\_\_