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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15802 (R05/2019)  PREVIOUSLY OSER-dclr-22  **Wis. Stats s. 230.445**  **Wis. Adm. Code Ch. ER 46** |  |  | **Grievance Number –**  **For Agency/DPM use only**  Click or tap here to enter text. |
| **adverse employment action**  **and condition of employment EMPLOYEE GRIEVANCE** | | | |

**Filing a Step 1 Grievance:** To file a 1st step grievance, this form must be submitted to the Appointing Authority or your Department’s designated grievance representative **at the agency you work for** within 14 days of either (1) your notice of the adverse employment action being grieved or (2) when you became aware or should have become aware of the condition of employment being grieved. If you do not know who your Appointing Authority or designated grievance representative is, contact human resources at your agency for assistance.

**Filing a Step 2 Grievance:** To file a 2nd step grievance appeal of a step 1 decision, this form must be submitted to the Division of Personnel Management at [DOADPMGrievance@wisconsin.gov](mailto:DOADPMGrievance@wisconsin.gov)  or 101 East Wilson St., 4th Floor, PO Box 7855, Madison, WI  53707-7855 within 14 days of the date provided in the “Date Returned” box on the Step 1 Decision.  If the Appointing Authority or designee does not issue a written decision within 15 days after the receipt of the grievance at Step 1, the employee may appeal their grievance to DPM.

**Note:** For condition of employment grievances, if the last day on which a grievance is to be filed or a decision is to be grieved or served is a Saturday, Sunday, or legal holiday, or the day specified in s. 230.35 (4) (a) 10., Wis. Stats., the grievance may be filed or the decision may be grieved or served on the next day which is not a Saturday, Sunday, or legal holiday, or the day specified in s. 230.35 (4) (a) 10., Wis. Stats.

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| Please Check One | | | | |  |
| This is a **Step 1** Grievance Commencement | | | | |  |
| This is a **Step 2** Grievance Appeal of Employer **Step 1** Decision | | | | |  |
| Last Name, First Name, MI | | Agency/Division | | | |
|  | |  | | | |
| Employing Unit | | Work Unit | Supervisor | | |
|  | |  |  | | |
| Headquarter Location | | | Hours of Work | | |
|  | | |  | | |
| Classification | | | Preferred Email Address | | |
|  | | |  | | |
| Home Address | | | Preferred Telephone | | |
|  | | |  | | |
| Adverse Employment or Condition of Employment Action/Subject of Grievance (Please Check One) | | | | | |
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| Grievance Summary | | | | | |
|  | | | | | |
| Relief Sought | | | | | |
|  | | | | | |
| Date Submitted | Received By (For Agency/DPM Use Only) | | | Date Received | |
|  |  | | |  | |