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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15804 (C06/2016) | | |  | | |  | | **Grievance Number – For Agency use only**  Click or tap here to enter text. | | |
|  | **WLEA**  **EMPLOYER GRIEVANCE RESPONSE** | | | | | | | | **STEP 1** | |
|  | | | | | | | | | | **STEP 2** |
|  | | | | | | | | | | **STEP 3** |
| Management Representative Name (Last, First) | | | | | Title | | | | | | |
|  | | | | |  | | | | | | |
| Grievant Name (Last, First, MI) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Grievant Representative Name & Contact Information | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Date Grievance Received | | Date Heard | | Date Returned | | | Method of Return | | | | |
|  | |  | |  | | |  | | | | |
| Grievance Subject | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Grievance Response | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Rationale | | | | | | | | | | | |
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**Instructions: If dissatisfied with the answer, to be considered further, the grievance must be appealed to the next step within the timeframes referenced on the WLEA Employee Grievance Report.**

**Please refer to the WLEA Collective Bargaining Agreement for further information.**