



Step #: \_\_\_\_\_

Bargaining Unit #: \_\_\_\_\_

**GRIEVANCE REPORT**

Grievant(s) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Agency: \_\_\_\_\_ Facility/Region: \_\_\_\_\_

Work Location: \_\_\_\_\_ Agency Start Date (if known) \_\_\_\_\_

Manager: \_\_\_\_\_

Employer in violation of Article(s) \_\_\_\_\_ and any other relevant provisions of the Agreement.

**Statement by Grievant or Union**

The "statement" should include: (1) nature of the contract violation; i.e. what action did the employer take or fail to take which violated the Contract; (2) the date(s) of the violation and where appropriate as in promotions, demotions, transfers, reassignments, etc. the relevant title(s) and work location(s). (Use additional sheets of paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relief or Remedy Sought**

\_\_\_\_\_  
\_\_\_\_\_

Grievant(s) Signature

Date

Steward/Union Rep. Signature

Date

**ALLIANCE WAIVER OF RIGHT TO APPEAL DISCIPLINARY ACTION**

I wish to submit the attached grievance under Article 23A. Grievance Procedures and Article 23, Arbitrations of Disciplinary Action, appealing my demotion, suspension or discharge effective on \_\_\_\_\_ and pursuant to Article 23, Section 4 of the Agreement between the Alliance and the Commonwealth of Massachusetts dates \_\_\_\_\_. I hereby waive any and all rights to appeal this disciplinary action to any other forum including the Civil Service Commission. I have not initiated any other appeal of this disciplinary action.

Grievant's Signature

Date

Steward/Union Rep. Signature

Date

## **TO ALLIANCE STEWARDS & OFFICERS**

After the grievance is written, but before the step number and date are added, make **ten (10) copies**. This will save time later and will give us clear, readable copies of grievances to file at each step. Whenever responsibility for a grievance is given to another officer or a staff member, make a note of the name of the person to whom you sent it and the date it was sent.

Please refer to Article XXIII-A of the contract for a more detailed explanation of the procedure and time limits.

**STEP 1:** File the grievance with the management person designated to receive Step 1 grievances **no later than twenty-one (21) days** after an act or omission gave rise to the grievance or after there was reasonable basis for knowledge.

**STEP 2:** The grievance must be filed at Step 2 **within ten (10) business days** following the receipt of an unsatisfactory Step 1 reply. Take two of the copies, date them, and mail or fax one to the person designated to receive Step 2 grievances for your Agency (see below). Mail or fax the other copy to the person designated to receive Step 2 grievances at the Union.

**STEP 3:** An appeal of an unsatisfactory Step 2 decision must be presented in the Office of Employee Relations within ten (10) business days of its receipt. To appeal a Step 2, date then mail or fax a copy to the Office of Employee Relations and contact your Field Representative.

If an officer or staff member feels that a grievance is without merit, but the grievant disagrees, it is the policy of the Local to keep the grievance alive so that the grievant can appeal the decision to the Local's Appeal Committee.

Step 2 grievances are filed by Local 509 by the Steward or Officer on behalf of the grievant. For your information, we have listed below the person and office responsible for receiving and processing Step 2 & Step 3 grievances on behalf of management.

<b>AGENCY</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE/FAX</b>
DTA DYS DEEC Mass Health	Peter Klein, Director of Labor Relations	Office of Children, Youth & Family Services 600 Washington St. Boston, MA 02111	617-348-8542 Fax: 617-348-5578
DCF	Donna Morin, Labor Relations Advisor	24 Farnsworth St. Boston, MA 02210	617-748-2083 Fax: 617 261-7433
DDS MRC MCB MCDHH Chelsea Soldiers Home Holyoke Soldiers Home	Jonathan Platt, Director of Labor Relations	Office of Disability and Community Services 600 Washington St. Boston, MA 02111	617-348-5128 Fax: 617 348-5266
DMH DPH	Marianne Dill, Director of Labor Relations	Office of Health Services 600 Washington St. Boston, MA 02111	617-348-5602 Fax: 617-348-5509
DOC	Jeff Bolger, Director of Employee Relations	P.O. Box 946 Norfolk, MA 02056	508-850-7888 Fax: 508-850-7891
DESE	Valian Norris, Director of Human Resources	350 Main St. Malden, MA 02148	781-338-6100 Fax: 781-338-3387
DOR	Julayne Lazar, Labor Counsel	100 Cambridge St. Boston, MA 02114	617-626-3843 Fax: 617-626-3449
OER	Matt Hale, Assistant Director	Office of Employee Relations 1 Ashburton St. Boston, MA 02108	617-878-9795 Fax: 617-727-3252

DTA & DSS Stewards: Mail a Copy to your Regional Vice-President.  
DMA Stewards: Mail a Copy to your Grievance Coordinator.