STATE OF WISCONSIN
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL MANAGEMENT
DOA-15806 (C06/2016)

Grievance Number
FOR AGENCY USE ONLY

WLEA
EMPLOYEE GRIEVANCE REPORT

Step 1: Grievance is to be submitted to your designated agency representative within 30 calendar days of the date the grievant first became aware of, or should have become aware of, the cause of such grievance.

Step 2: Grievance is to be submitted to the appointing authority or designee within 14 calendar days of the receipt of the step 1 answer.

Step 3: Grievances which have not been settled may be appealed to Arbitration within 30 calendar days from the step 2 answer or from the date the answer was due. Grievances involving discharge must be appealed within 15 calendar days of the step 2 answer or from the date the answer was due.

Please Check One	Please Check One	Grievance Alleges Violation of
This is a **Step 1** Grievance ☐ This is a **Step 2** Grievance ☐ This is a **Step 3** Grievance ☐	☐ Individual Grievance ☐ Union Grievance ☐ Group Grievance	Article _____ Section _____

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

Grievance Subject (Please Check One)

☐ 1-Day Suspension ☐ 3-Day Suspension ☐ 5-Day Suspension ☐ Demotion ☐ Discharge ☐ Layoff
☐ Reduction in Base Pay ☐ Language ☐ Other

Grievance Summary

Relief Sought

Date Submitted		Received By