

**MARYLAND JUDICIARY
GRIEVANCE AND APPEAL FORM**
(Attach copies of any earlier agency decisions)



Employee Grievant: _____

Location: _____ Email: _____

Department: _____ Supervisor: _____

STATEMENT OF GRIEVANCE

Date of Action/Knowledge of Occurrence: _____

Nature of Grievance/Appeal (Attach separate sheets if necessary):

Remedy sought (Attach separate sheets if necessary):

Prior to filing this grievance I made the following efforts to resolve this matter (Attach separate sheets if necessary):

I do do not waive the time requirement.

Employee's Signature _____ Date _____

(If applicable) I am represented by:

Name: _____ Title: _____

Phone Number: _____ Email: _____

I certify that this Statement of Grievance was received by management on:

Date Signature Title