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| --- | --- | --- | --- |
| State of WisconsinDepartment of Administration Division of Personnel ManagementDOA-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 |
|       |

**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.**