



**Grievance Number – For  
 Agency/DPM use only**

**Wis. Stats s.230.445**  
**Wis. Adm. Code Ch. ER 46**

## ADVERSE EMPLOYMENT ACTION AND CONDITION OF EMPLOYMENT EMPLOYEE GRIEVANCE

**Filing a Step 1 Grievance:** To file a 1<sup>st</sup> step grievance, this form must be submitted to the Appointing Authority or your Department's designated grievance representative **at the agency you work for** within 14 days of either (1) your notice of the adverse employment action being grieved or (2) when you became aware or should have become aware of the condition of employment being grieved. If you do not know who your Appointing Authority or designated grievance representative is, contact human resources at your agency for assistance.

**Filing a Step 2 Grievance:** To file a 2<sup>nd</sup> step grievance appeal of a step 1 decision, this form must be submitted to the Division of Personnel Management at [DOADPMGrievance@wisconsin.gov](mailto:DOADPMGrievance@wisconsin.gov) or 101 East Wilson St., 4<sup>th</sup> Floor, PO Box 7855, Madison, WI 53707-7855 within 14 days of the date provided in the "Date Returned" box on the Step 1 Decision. If the Appointing Authority or designee does not issue a written decision within 15 days after the receipt of the grievance at Step 1, the employee may appeal their grievance to DPM.

**Note:** For condition of employment grievances, if the last day on which a grievance is to be filed or a decision is to be grieved or served is a Saturday, Sunday, or legal holiday, or the day specified in s. 230.35 (4) (a) 10., Wis. Stats., the grievance may be filed or the decision may be grieved or served on the next day which is not a Saturday, Sunday, or legal holiday, or the day specified in s. 230.35 (4) (a) 10., Wis. Stats.

Please Check One		
This is a <b>Step 1</b> Grievance Commencement <input type="checkbox"/>		
This is a <b>Step 2</b> Grievance Appeal of Employer <b>Step 1</b> Decision <input type="checkbox"/>		
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
Adverse Employment or Condition of Employment Action/Subject of Grievance (Please Check One)		
<input type="radio"/> 1-Day Suspension <input type="radio"/> 3-Day Suspension <input type="radio"/> 5-Day Suspension <input type="radio"/> Demotion <input type="radio"/> Discharge <input type="radio"/> Layoff <input type="radio"/> Reduction in Base Pay <input type="radio"/> Condition of Employment		
Grievance Summary		
Relief Sought		
Date Submitted	Received By (For Agency/DPM Use Only)	Date Received