



**Grievance Number – For Agency/DPM use only**  
 Click or tap here to enter text.

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

## ADVERSE EMPLOYMENT ACTION AND CONDITION OF EMPLOYMENT EMPLOYEE GRIEVANCE

**Step 1:** To commence a grievance, this form must be submitted to the Appointing Authority or your Department's designated grievance representative 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.

**Step 2:** To appeal 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="checkbox"/> 1-Day Suspension <input type="checkbox"/> 3-Day Suspension <input type="checkbox"/> 5-Day Suspension <input type="checkbox"/> Demotion <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff <input type="checkbox"/> Reduction in Base Pay <input type="checkbox"/> Condition of Employment		
Grievance Summary		
Relief Sought		
Date Submitted	Received By (For Agency/DPM Use Only)	Date Received