

M.A.P. GRIEVANCE REPORT

The attached grievance form is applicable for any M.A.P. chapter. The form you have now can be completed easily in a minimal amount of time. To assist you in the completion of this form, we have provided the instructions as described below. Call with any questions or comments.

Step #1: M.A.P. GRIEVANCE REPORT

- #1 Your local chapter number
- #2 Your local grievance number – Example, 2000-1, Badge #1 – 2000, or any system you desire in your local.
- #3 The grievant's name, or if a class action or chapter grievance, the steward or local president's name.
- #4 Badge number of grievant
- #5 Your division, shift, or district
- #6 Date of when **you** became aware of the contract violation.
- #7 Contract section or article which has been violated
- #8 Presented to is your first step supervisor, or the person who initially receives your grievance.
- #9 The date you give this grievance at the 1st step to your initial supervisor or place in his/her department mailbox.
- #10 Basis of grievance – explain in brief the violation of your contract and what it will take to resolve the problem. Example – Worked one-hour overtime (detail on midnight shift on 10-2-00. Supervisor failed to mark time sheet and R/O did not receive pay. Supervisor refuses to pay saying he did not see me. R/O attaches affidavit from four (4) witnesses who saw R/O on time noted. R/O requests full overtime pay for one hour to make whole).
- #11 Your signature
- #12 Date you signed report
- #13 Steward signature (not always necessary)
- #14 Steward signature date (not always necessary)

- #15 Your Step 1 supervisor/employer response. Either they will write denied, (they may give a reason), or they will fail to respond within their allotted timeline. If they refuse to respond or their time to reply expires, write in: “No reply received” or “Time expired to respond.” Go to step 2.
If they write in denied or give a verbal denial, go to step #2. You should write in what they verbally tell you.
- #16 Your signature
- #17 Date you receive response in Step #1.

Step 2

- #18 Mark appropriate box; advance to step #2 or resolved.
- #19 Initials of grievant or steward
- #20 Date resolved or advanced to Step #2
Note: If resolved, grievance is pulled. Copies should be retained by your local chapter officers.
- #21 Disposition. Same as in Step #1. Put date when reply is received.
- #22 Entire Number 22 is the same as in Numbers 18 through 21.
- #23 Entire Number 23 is the same as in Numbers 18 through 21.
- #24 If grievance arbitration is requested, mark “yes”. If grievance is resolved, mark “no.” At this point, grievant, steward, or local chapter officers should contact the M.A.P. office and/or assigned chapter attorney.

Note: Use additional sheets of paper if needed. Always make copies when you reach a step or receive a reply.
You may not get your original grievance report back from a supervisor, just use your copy and make more copies from that.

Form is 4-ply. Make sure the union gets their copy.

Remember:

The Village, City, or Supervisor does not default if they fail to respond. However, ***you*** do if you fail to file in the manner prescribed in your contract. Therefore, always file in a timely manner and if you do not get a response during any step during your employer’s time frame, ***you must*** go immediately to the next step.

Do not give extensions or agree to anything verbally without contacting your chief union steward (if any) or a Board member of MAP or assigned attorney for advice.

If you have any questions, call your union steward or MAP office.

Joseph Andalina
M.A.P. President