



METROPOLITAN ALLIANCE OF POLICE
 Dept: _____ Chap# _____

Page 1

GRIEVANCE REPORT

Grievance # _____

GRIEVANT DATA (If more than one (1) grievant, list separately in narrative)

Grievant(s) or MAP chapter rep **MUST** Sign Grievance

Grievant's Name: Last, First MI:

Star #:

Incident Date:

Contract Article and Section Violated:

Date/Time Step 1 Initiated:

Shift Assignment:

Supervisor:

Presented To:

Grievant's Signature:

MAP chapter Rep. Signature:

STATEMENT OF GRIEVANCE

STEP 1

Briefly state the cause of your grievance and the remedy you seek

**S
T
E
P
1**

See attached for additional information

Employer's Step 1 response and reasons therefore:

Immediate supervisor's signature:

Date/Time of response:

Response given to:

REASONS FOR ADVANCING GRIEVANCE

STEP 2

See attached for additional information

Grievant's signature:

Date/Time Step 2 initiated:

Presented to:

Employer designee's response and reasons therefore:

**S
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2**

Employer designee's signature

Date/Time of response:

Response given to:



METROPOLITAN ALLIANCE OF POLICE

Dept: _____ Chapter # _____

GRIEVANCE REPORT

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S T E P 3	REASONS FOR ADVANCING GRIEVANCE STEP 3	
	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	
	See attached for additional information <input type="checkbox"/>	
	Grievant's Signature:	Date/Time Step 3 Initiated:
	Presented To:	
	Employer Designee's Response and Reasons Therefore:	
	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	
	Employer Designee's Signature:	
	Date/Time of Response:	
	Response Given To:	
S T E P 4	REASONS FOR ADVANCING GRIEVANCE STEP 4	
	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	
	See attached for additional information <input type="checkbox"/>	
	Grievant's Signature:	Date/Time :
	Chapter President or Designee Signature :	Date/Time :
A R B I T R A T I O N	DATE GRIEVANCE ADVANCED TO ARBITRATION AND PERSON SERVED WITH NOTICE	
	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	
	Chapter president or designee signature:	Date/Time submitted for arbitration:
	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	