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)
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.

Your signature

Date you receive response in Step #1.

**Step 2**

Mark appropriate box; advance to step #2 or resolved.

Initials of grievant or steward

Date resolved or advanced to Step #2

Note: If resolved, grievance is pulled. Copies should be retained by your local chapter officers.

Disposition. Same as in Step #1. Put date when reply is received.

Entire Number 22 is the same as in Numbers 18 through 21.

Entire Number 23 is the same as in Numbers 18 through 21.

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