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| **logo 3-12-09** | | | **METROPOLITAN ALLIANCE OF POLICE**  **Dept: Chap#**  **GRIEVANCE REPORT** | | | | **Page 1**  **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: | | |
| **S**  **T**  **E**  **P**  **1** | **STATEMENT OF GRIEVANCE STEP 1** | | | | | **Briefly state the cause of your grievance and the remedy you seek** | | |
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| **See attached for additional information** | | | | | | | |
| Employer’s Step 1 response and reasons therefore: | | | | | | | |
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|  | | | | | | | |
| Immediate supervisor’s signature: | | | | | | Date/Time of response: | |
| Response given to: | | | | | | | |
| **S**  **T**  **E**  **P**  **2** | **REASONS FOR ADVANCING GRIEVANCE STEP 2** | | | | | | | |
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| **See attached for additional information** | | | | | | | |
| Grievant’s signature: | | | | | | Date/Time Step 2 initiated: | |
| Presented to: | | | | | | | |
| Employer designee’s response and reasons therefore: | | | | | | | |
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| Employer designee’s signature | | | | | | Date/Time of response: | |
| Response given to: | | | | | | | |
| **logo 3-12-09** | | **METROPOLITAN ALLIANCE OF POLICE**  **Dept: Chapter #**  **GRIEVANCE REPORT** | | | | | | **Page 2**    **Grievance #** |
| **S**  **T**  **E**  **P**  **3** | **REASONS FOR ADVANCING GRIEVANCE STEP 3** | | | | | | | |
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| **See attached for additional information** | | | | | | | |
| Grievant’s Signature: | | | | | | Date/Time Step 3 Initiated: | |
| Presented To: | | | | | | | |
| Employer Designee’s Response and Reasons Therefore: | | | | | | | |
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|  | | | | | | | |
| Employer Designee’s Signature: | | | | | | Date/Time of Response: | |
| Response Given To: | | | | | | | |
| **S**  **T**  **E**  **P**  **4** | **REASONS FOR ADVANCING GRIEVANCE STEP 4** | | | | | | | |
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| **See attached for additional information** | | | | | | | |
| 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** | | | | | | | |
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| Chapter president or designee signature: | | | | | | Date/Time submitted for arbitration: | |