State of Wisconsin
Office of State Employment Relations
OSER-DCLR-101 (10/01)
s. 230.04(14)

NONREPRESENTED EMPLOYEE GRIEVANCE REPORT

Name: __________________________________________ Classification: __________________________ Agency: __________________________

Division: ____________________________ Bureau: __________________________ Section: __________________________ Work Telephone: __________________________

Grievance Step □ 1 □ 2 □ 3

Describe the grievance: state all facts, including time, place of incident, names of persons involved, etc. Attach additional sheets as needed.

Relief sought

Employee’s Signature __________________________________________ Representative’s Signature __________________________________________ Date Submitted ________

Employer’s Decision

Employer’s Signature __________________________________________ Title ______________________________________ Date Received ________ Date Returned ________

Instructions
Employees have the right to a representative of their own choosing at any step of the grievance procedure. In the event that the employee is not satisfied with the supervisor’s written decision, or a response is not received within the time limit, the grievance must be appealed to the next higher step in a timely manner for further consideration. The fourth step must be appealed to the Wisconsin Employment Relations Commission within 30 days. [See Ch. ER 46, Wis. Adm. Code, for specific rules regarding grievance.] [See WHRC Ch. 430 for grievance procedures.]