

**Do not use this form if you are a union employee; instead, please contact your union steward for proper form.**

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 WHRH Ch. 430 for grievance procedures.]