



GRIEVANCE REPORT

STEP#: _____
BARGAINING UNIT: _____

GRIEVANT(S): _____

JOB TITLE: _____ AGENCY START DATE (if known): _____

AGENCY: _____ REGION: _____ WORK LOCATION: _____

MANAGER(S): _____

Employer is in violation of Article(s) _____ and any other relevant provisions of the Agreement.

STATEMENT BY GRIEVANT OR UNION

Use additional sheets of paper if necessary. The statement should include:

1. Nature of the contract violation (i.e. what action did the employer take or fail to take which violated the Contract)
2. The date(s) of the violation and, where appropriate (as in promotions, demotions, transfers, reassignments, etc.), the relevant title(s) and work location(s).

RELIEF OR REMEDY SOUGHT

_____ ...and make grievant(s) whole.

Grievant Signature(s)	Date	Steward/Union Rep Signature	Date
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ALLIANCE WAIVER OF RIGHT TO APPEAL DISCIPLINARY ACTION TO CIVIL SERVICE COMMISSION

Collective Bargaining Agreement between the Alliance, AFSCME/SEIU, AFL-CIO Units 8 & 10, effective January 1, 2014 to December 31, 2016.

I wish to submit the attached grievance under Article 23A, Grievance Procedure and Article 23, Arbitration of Disciplinary Action, appealing my demotion, suspension or discharge effective on _____. I hereby waive any and all rights to appeal this disciplinary action to the Civil Service Commission. I have not initiated any appeal of this disciplinary action at the Civil Service Commission.

Grievant Signature(s)	Date	Steward/Union Rep Signature	Date
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ACKNOWLEDGEMENT OF ALLIANCE WAIVER OF RIGHT TO ARBITRATE CLAIMS OF DISCRIMINATORY TERMINATION FILED IN MULTIPLE FORUMS

Collective Bargaining Agreement between the Alliance, AFSCME/SEIU, AFL-CIO Units 8 & 10, effective January 1, 2014 to December 31, 2016.

I wish to submit the attached grievance under Article 23A, Grievance Procedure and Article 23, Arbitration of Disciplinary Action, appealing my discharge effective on _____. I acknowledge that, pursuant to Section 4 of Article 23, if I file a charge of discrimination covered by Article 6 with a state or federal agency or a state or federal court, arising from termination of employment, the Commonwealth and the Union agree that the Union waives its right to arbitrate any grievances based on a claim of a violation of Article 6 relating to the same claim of discrimination. If I withdraw my charge with prejudice, other than in the case of a mutually agreeable settlement, the grievance shall be arbitrable if otherwise timely and appropriate.

Grievant Signature(s)	Date	Steward/Union Rep Signature	Date
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TO ALLIANCE STEWARDS & OFFICERS

After the grievance is written make **at least eight (8) copies**. Ensure that the original goes to management, and copies stay with you, go to the grievant, and to the officer responsible for your region/office (see bottom of page). Whenever responsibility for a grievance is given to another officer or a staff member, make a note of the name of the person to whom you sent it and the date it was sent. Please refer to Article XXIII-A of the contract for a more detailed explanation of the procedure and time limits.

STEP 1: File the grievance with the management person designated to receive Step 1 grievances **no later than twenty-one (21) days** after an act or omission gave rise to the grievance or after there was reasonable basis for knowledge.

STEP 2: The grievance must be filed at Step 2 **within ten (10) business days** following the receipt of an unsatisfactory Step 1 reply. Take two of the copies, date them, and mail or fax one to the person designated to receive Step 2 grievances for your Agency (see below). Mail or fax the other copy to the person designated to receive Step 2 grievances at the Union.

STEP 3: An appeal of an unsatisfactory Step 2 decision must be presented in the Office of Employee Relations within ten (10) business days of its receipt. To appeal a Step 2, date then mail or fax a copy to the Office of Employee Relations and contact your Field Representative.

If an officer or staff member feels that a grievance is without merit, but the grievant disagrees, it is the policy of the Local to keep the grievance alive so that the grievant can appeal the decision to the Local's Appeal Committee. Step 2 grievances are filed by Local 509 by the Steward or Officer on behalf of the grievant. For your information, we have listed below the person and office responsible for receiving and processing **Step 2 & Step 3** grievances on behalf of management.

AGENCY	NAME	ADDRESS	PHONE/FAX/EMAIL
DCF DTA DYS Mass Health/DMA	Donna P. Morin, Director of Labor Relations	Office of Children, Youth & Family Services 600 Washington St., 7 th floor Boston, MA 02111	617-348-9451 CYFLaborRelations@MassMail.State.MA.US
DDS MRC MCB, MCDHH Chelsea Soldiers Home Holyoke Soldiers Home	Joel Posner, Director of Labor Relations	Office of Disability and Community Services 600 Washington St., 7 th floor Boston, MA 02111	617-348-5857 Fax: 617-348-5266 joel.posner@state.ma.us
DMH DPH	Ann Looney, Director of Labor Relations	Office of Health Services 600 Washington St., 7 th floor Boston, MA 02111	617-348-5602 Fax: 617-348-5509 ann.looney@state.ma.us
DOC	Earl Wilson, Director of Employee Relations	P.O. Box 946 Norfolk, MA 02056	508-850-7776 Fax: 508-850-7891 earl.wilson@MassMail.State.MA.US
DESE	Dianne Canavan, Labor Relations Director	Executive Office of Education 75 Pleasant Street Malden, MA 02148	781-338-6109 Fax: 781-338-3387 DCanavan@doe.mass.edu
DOR/CSE	Elizabeth (Lisa) Baker, Acting Director	P.O. Box 9553 Boston, MA 02114-9553	617-626-3843 Fax: 617-626-3449 bakere@dor.state.ma.us
DEEC	Monica Shah Javia, Labor Relations	Executive Office of Education 75 Pleasant Street Malden, MA 02148	781-338-6106 (M, Tu, Th, F) 617-988-6615 (Wednesdays only) Fax: 781-338-3387 mshah-javia@doe.mass.edu
DHCD	Jennifer Foley, Director of Human Resources	100 Cambridge St. Suite 300 Boston, MA 02114	617-573-1254 Fax: 617-573-1299 Jen.Foley@state.ma.us
Step 3: OER	Matt Hale, Assistant Director	Office of Employee Relations 1 Ashburton St. Boston, MA 02108	617-878-9795 Fax: 617-727-3252 matthew.hale@state.ma.us

ALL members and stewards filing grievances – please email a copy to marc@seiu509.org, so the union office can track the grievance.

If you are a member within DTA(or DHCD) & DCF: Mail/Email a Copy to your Regional Vice-President.

All other Members/Stewards: Mail/Email a copy to your Chapter Grievance Secretary and/or designated Chapter Officer who tracks grievances (this information can be found on the 509 website: www.seiu509.org).