STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

# MANAGERIAL/CONFIDENTIAL GRIEVANCE FORM

STEP 1

Employee's Name and Civil Service Title:

Work Location:

Immediate Supervisor:

Date of Filing:

Date on Which Act or Omission Occurred:

Statement of Facts:

Remedy Sought:

Signature: _____

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Step 1 Decision:

Date of Discussion: _____ Signature: _____ Date:_____

STEP 2 APPEAL Date of Appeal: _____

Reason Step 1 decision is unsatisfactory:

Grievant's Signature: _____

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Step 2 Decision:

Date of Discussion: _____ Signature: _____ Date: _____

STEP 3 APPEAL Date of Appeal: _____

Reason Step 2 decision is unsatisfactory:

Grievant's Signature: _____

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Step 3 Decision:

Date of Discussion: _____ Signature: _____ Date: _____