

**STATE/DC-37 GRIEVANCE FORM  
RENT REGULATION SERVICES UNIT**

(All grievances, decisions, and appeals must be served personally or by certified mail, return receipt requested.)

**TO BE COMPLETED BY GRIEVANT OR REPRESENTATIVE**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Department or Agency: \_\_\_\_\_

Work Location: \_\_\_\_\_

Grievance Type  **Contract.**  
Provision of State/DC-37 Agreement alleged to have been violated  
Specify Article \_\_\_\_\_ Subsection \_\_\_\_\_

**Non-Contract.** (May be appealed through Third Step only)

**STEP 1**

**Note:** Step 1 grievance must be submitted not more than thirty (30) days after the date the act or omission giving rise to the grievance occurred.

Date of Occurrence: \_\_\_\_\_

Statement of facts: (use additional sheets, if required) \_\_\_\_\_

\_\_\_\_\_

Remedy sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date submitted: \_\_\_\_\_ Employee(s) \_\_\_\_\_

**CHECK TO MAKE SURE ALL REQUIRED INFORMATION HAS BEEN PROVIDED AND  
GIVE THIS FORM TO YOUR FACILITY OR INSTITUTION HEAD OR DESIGNEE.**

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**1st STEP DECISION**

Date grievance received: \_\_\_\_\_

Determination Attached

Date decision issued: \_\_\_\_\_  
\_\_\_\_\_ Facility or Institutional Level Rep.

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Note: Facility or Institution head or designated representatives shall meet with the employee or DC 37 and shall issue a short, plain written statement of reason for his or her decision to the employee or DC 37 not later than twenty (20) working days\* following the receipt of grievance.

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**STEP 2 - APPEAL**

(To be submitted with a copy of the Step 1 decision to the agency head, or his/her representative designated to receive such appeals, within ten working days\* or receipt of Step 1 decision or date Step 1 decision was due, whichever is earlier.)

The decision at Step 1 of the grievance described above is unsatisfactory.

Reasons for disagreement with Step 1 decision: \_\_\_\_\_

\_\_\_\_\_

Date submitted: \_\_\_\_\_ Aggrieved Employee(s): \_\_\_\_\_

**2nd STEP DECISION**

Date received: \_\_\_\_\_

Determination Attached

Date decision issued: \_\_\_\_\_ Reviewer: \_\_\_\_\_

**Note:** The agency head or department head or his or her designee shall meet with the employee or DC 37 for a review of the grievance and shall issue a short written statement of reasons for his or her decision to the employee or DC 37, as appropriate, no later than twenty (20) working days following receipt of the Step 1 Appeal.

**STEP 3—APPEAL**

Appeals to Step 3 may be submitted only by the President of DC 37 or authorized designee, and must be submitted within fifteen (15) working days of the Grievant’s receipt of the Step 2 decision.

The decision at Step 2 of the grievance described above is unsatisfactory.

Reasons for disagreement with Step 2 decision: \_\_\_\_\_  
\_\_\_\_\_

Date submitted: \_\_\_\_\_ Aggrieved Employee(s) \_\_\_\_\_

Authorized signature: \_\_\_\_\_

**Note:** DC 37 must file this appeal within fifteen (15) working days of receipt of the Step 2 decision or the date that the Step 2 decision was due, whichever is earlier, together with the Grievance and the decisions at Steps 1 and 2, with the GOVERNOR’S OFFICE OF EMPLOYEE RELATIONS, Agency Building 2, 12<sup>th</sup> Floor, Empire State Plaza, Albany, New York 12223.

**3rd STEP DECISION**

Determination Attached

Case Number: \_\_\_\_\_

Date received by the Governor’s Office of Employee Relations: \_\_\_\_\_

Date decision issued: \_\_\_\_\_

Director of the Governor’s Office of Employee Relations or designee: \_\_\_\_\_

**Note:** The Director of the Governor’s Office of Employee Relations, or his or her designee, shall issue a short, plain written statement of reasons for his or her decision within fifteen (15) working days\* after receipt of the appeal.

**STEP 4 - APPEAL**

Appeals to Arbitration may be submitted only by the President of DC 37 or his or her designee, and must be submitted to the Governor’s Office of Employee Relations within fifteen (15) working days of receipt of the Step 3 decision.

District Council 37, AFSCME hereby demands ARBITRATION.

Date submitted: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_