Unified Government
Human Resources Guide

Effective 04-01-05

GRIEVANCE REPORT

CONFIDENTIAL

SUMMARY OF TIME LIMITS: Time limits are working days, and will be extended if one or more parties is absent from work on approved or justified leave.

STEP 1:

Employee:  
Part a: Submit verbal complaint within 10 days of the event or of becoming aware of the event.  
Part b: Submit written grievance statement within 5 days of supervisor’s verbal answer.

Supervisor:  
Part a: Answer verbally within 5 days of receiving supervisor’s written answer.  
Part b: Answer in writing within 5 days of receiving the grievance statement.

STEP 2:

A. Employee – Forward the grievance to the division head within 5 days of receiving supervisor’s written answer.  Division Head – Answer in writing within 5 days of receiving the grievance.

B. Employee – Forward the grievance to the department head within 5 days of receiving the division head’s answer.  Department Head – Answer in writing within 5 days of receiving the grievance.

STEP 3:

Employee: Forward the grievance to the County Administrator within 5 days of receiving the department head’s written answer. If the complaint is for discrimination on the basis of race, color, national origin or ancestry, religion or creed, sex, age, pregnancy or handicap, forward the form to Human Resources.

County Administrator: May elect to hear appeal or forward to the Grievance Review Board within 10 days after receipt of the appeal.

STEP 4:

County Administrator – Forward the grievance to the Grievance Review Board.  Grievance Review Board – Hold hearing within 20 days of receipt of the grievance. Recommendations made to the County Administrator within 15 days of the hearing.

STEP 5:

County Administrator – Make the final determination within 15 days of receipt of the Board’s findings of fact and recommendation.

TO THE EMPLOYEE: Once you file a grievance, you are not obligated to carry it through all steps. You may accept a decision or withdraw the grievance at any point. You have the right to be accompanied by an advisor at Step 3, but the advisor may not be a lawyer, because a grievance is not a legal proceeding.

7.2 Grievance Procedure
GRIEVANCE STATEMENT

Employee Name: ___________________________ Dept./Division: ________________________

Employee I.D. No.: _______________ Job Title: ___________________________ Date of Hire: ____________

Step 1, Part b of the Grievance Procedure reads: “The Grievance Statement shall explain the situation, including the place, date and time of the event or conversation. The employee should also explain which policy he/she believes was violation or misapplied, and then state the settlement he/she desires”. The employee may attach any material to explain the grievance. Attached documents to this report form should be labeled, “Statement” on each page.

Employee Statement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Settlement desired:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I certify that the above grievance is true and complete to the best of my knowledge.

________________________________________________________________________

Employee Signature and Date

Step 1b: Grievance submitted to Immediate Supervisor:

Date submitted: __________ Name of Supervisor & Title: _______________________________________

Supervisor’s answer:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Date given to employee: __________ Signature of Supervisor: ______________________________________

7.2 Grievance Procedure
Step 2a: Grievance submitted to Division Head:

A. Date submitted: __________ Name of Division Head: ________________________________

Division Head Response: ___________________________________________________________

_______________________________________________________________________________

Date given to employee: __________ Signature of Division Head: _________________________

Step 2b: Grievance submitted to Department Head

Department Head Response: _______________________________________________________

_______________________________________________________________________________

Date given to employee: __________ Signature of Department Head: ________________________

Step 3: Grievance submitted to the County Administrator’s Office:

Date submitted: __________ Accepted by (signature): _________________________________

Summary of hearing and decision of the County Administrator: _________________________

_______________________________________________________________________________

Date given to employee: __________ Signature County Administrator: ____________________

Step 4: Grievance submitted to Grievance Review Board:

Date received by Grievance Board: __________ Date recommendation presented to County Admin: __________

Step 5: Decision of the County Administrator:

Date: ____________ Signature County Administrator: _________________________________

Date grievant was notified: ___________________________ Verified by and date: ________________