

# PIMA COUNTY EMPLOYEE GRIEVANCE FORM

HR Use Only:  
Time Stamp

## (Merit System Rule 13.2: Grievances Not Alleging Discrimination)

Permanent employees may grieve misinterpretation, misapplication or unequal enforcement of Merit System Rules, Personnel Policies, Administrative Procedures OR a Letter of Reprimand.

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of incident(s) or **DATE OF RECEIPT OF** Letter of Reprimand: \_\_\_\_\_

For other than a Letter of Reprimand, identify the specific Personnel Policy, Merit System Rule or Administrative Procedure that you believe has been misinterpreted, misapplied or unequally enforced, in connection with your grievance:

\_\_\_\_\_  
\_\_\_\_\_

**PRIOR TO FILING** Pursuant to Merit System Rule 13.1 B, you must attempt to use the County mediation process within ten (10) business days of the date you knew or should have known of the grievable incident(s). For a grievance pertaining to a Letter of Reprimand, mediation is not required prior to filing. *To schedule an appointment for Mediation, contact Human Resources/Employment Rights staff at 724-2728.*

(Omit this section for a grievance regarding a Letter of Reprimand)

**MEDIATION** Have you made an attempt at mediation as required in Merit System Rule 13.1.B?  Yes  No  
If no, contact Human Resources/Employment Rights staff at 724-2728 before proceeding further.  
If yes, attach a copy of the mediation inappropriate/unsuccessful letter before submitting grievance to your department.

**SUMMARY OF GRIEVANCE** Describe the specific details of the incident(s) being grieved and the remedy requested. Additional pages may be attached if necessary. *Attach a copy of the Letter of Reprimand being grieved, if applicable.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING THE GRIEVANCE** Pursuant to Merit System Rule 13.2 D, you must submit this completed form to the Appointing Authority of your department within ten (10) business days of the date of **RECEIPT OF** the Letter of Reprimand or the date of the mediation outcome as listed above.

\_\_\_\_\_  
Grievant Signature

\_\_\_\_\_  
Date Grievance Submitted to Department

**DEPARTMENT RESPONSE TO GRIEVANCE**

DATE RECEIVED: \_\_\_\_\_

Grievance Denied

Grievance Upheld

Date Responded: \_\_\_\_\_

Reasons for decision to uphold/deny grievance: (attach additional sheets if necessary)

\_\_\_\_\_  
Appointing Authority Signature

\_\_\_\_\_  
Date

**EMPLOYEE RESPONSE**

DATE RECEIVED: \_\_\_\_\_

I accept the action/response of the Appointing Authority.

I reject the action/response of the Appointing Authority. You may submit the grievance to the County Administrator for further review within five (5) business days of receipt of the departmental response. (Note: Include a copy of the departmental response and a copy of the mediation inappropriate/unsuccessful letter and/or the Letter of Reprimand, if applicable.)

**COMMITTEE SELECTION:**

non-departmental employees only

departmental employees only

Pursuant to Merit System Rule 13.2 E.3., if my grievance is assigned for Committee review, I elect to have three (3) randomly selected employees, as designated above, serve as committee members. (Note: If you fail to designate your selection, Human Resources will proceed with a non-departmental committee selection. County Attorney, County Administrator and Human Resources employees may not serve as grievance committee members.)

\_\_\_\_\_  
Grievant Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR GRIEVANCE PROCEDURE**

Complete the front page of this form and submit it to your Appointing Authority *within ten (10) business days* of the date you knew or should have known that mediation was not successful or from the date of receiving the Letter of Reprimand. Your Appointing Authority will investigate your allegations or complaint and issue you a response *within ten (10) business days* of receipt of the grievance form. You may agree or disagree with the Appointing Authority's response by so indicating in the employee response section above. If you agree, the grievance shall be filed in your departmental personnel file. If you disagree, you may forward the grievance to the County Administrator for further review.

To request further review, submit this completed form along with related documentation to the County Administrator *within five (5) business days* after receipt of the Appointing Authority's response. The County Administrator will determine jurisdiction and, if appropriate, direct Human Resources to conduct grievance committee proceedings in accordance with Merit System Rule 13.

Within forty-five (45) business days of the first committee meeting, the grievance committee will report its findings to the County Administrator. The County Administrator shall issue a final decision and respond to the grievant under separate cover. The grievance committee report will be distributed to the grievant and the department, and also to the grievant's official personnel file if the grievance was filed based on a Letter of Reprimand.

**NOTE:** *Human Resources offers mediation services as an alternative means of resolving grievances, except for grievances alleging sexual harassment, workplace harassment, workplace violence or pertaining to a Letter of Reprimand. Call Employment Rights at 724-2728 for more information.*