

**PIMA COUNTY DISCRIMINATION GRIEVANCE FORM**  
**For an Unclassified Employee Not Covered by the Merit System**  
**(Board of Supervisors Policies D 21.2 and D 21.3)**

<b>HR Use Only:</b> <b>Time Stamp</b>
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Name: \_\_\_\_\_ Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

*All sections below (on page 1) must be complete before submitting the grievance to your Appointing Authority.*

**A. BASIS/BASES OF DISCRIMINATION/HARASSMENT - check appropriate box(es)**

Race  Color  Religion  National Origin  Age  Disability\*  Veteran Status  Pregnancy

Sex  Genetic Information  Gender Identity  Gender Expression  Sexual Orientation  Retaliation\*\*

Sexual Harassment  Workplace Harassment (*check here and specific basis above*)

\* Coverage includes disability discrimination with respect to hiring, firing, promotions, discipline or other terms and conditions of employment, or harassment based on disability. For an allegation involving a failure to accommodate, please use the ADA Grievance Procedure.

\*\* Retaliation must be based on your opposition to a perceived discriminatory act and/or on your participation in any manner in a discrimination investigation or proceeding.

An employee has the right, at any time, to file a complaint of discrimination and/or harassment with the Arizona Civil Rights Division or Equal Employment Opportunity Commission.

**B. COMPLAINT** Briefly summarize your complaint and explain why you believe you have experienced the type of discrimination and/or harassment identified in Section A above. Additional pages or relevant documentation may be attached.

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**C. REMEDY REQUESTED**

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

\_\_\_\_\_  
Date Submitted to Appointing Authority

**APPOINTING AUTHORITY 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

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**GRIEVANT RESPONSE** DATE RECEIVED \_\_\_\_\_

- I accept the action/response of the Appointing Authority.
- I reject the action/response of the Appointing Authority. I understand that I may submit the grievance to the County Administrator for further review ***within five (5) business days*** of receipt of the Appointing Authority's response.

\_\_\_\_\_  
Employee Signature      Date

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**INSTRUCTIONS FOR GRIEVANCE PROCEDURE**

Complete the first page of this form prior to submitting the form in its entirety to your Appointing Authority ***within ten (10) business days*** of the date you knew or should have known of the grievable issue. Your Appointing Authority will investigate your allegations 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 grievant response section above. If you agree, the grievance shall be filed in your department 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 include the Appointing Authority's response) 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 investigate your allegations and attempt to resolve the grievance.

Within forty-five (45) business days of receipt of the grievance by the County Administrator, Human Resources will report its findings to the County Administrator. Exceptions to this forty-five (45) business day limitation may be granted by the County Administrator in circumstances where Human Resources demonstrates it is in the best interest of both the County and the grievant to do so.

The County Administrator shall issue a final decision within thirty (30) calendar days after receipt of the grievance report and respond to you under separate cover. The grievance report will be distributed to you and the Appointing Authority.

Board of Supervisors Policies D 21.2 and D 21.3 authorize this grievance procedure.

***NOTE: Human Resources offers mediation services as an alternative means of resolving grievances. However, as an unclassified employee you are not required to mediate. Call Employment Rights at 724-8028 for more information.***