

PIMA COUNTY DISCRIMINATION GRIEVANCE FORM
Merit System Rule 13.3: Grievances Alleging Discrimination
Board of Supervisors Policies D 21.2 and D 21.3

.HR Use Only: Time Stamp

Name: _____ Department: _____ Work Phone: _____

Home Phone: _____ Home Address: _____ Zip Code: _____

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 Sexual Harassment or Workplace Harassment, mediation is not required prior to filing.

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 724-8028 before proceeding further.
If yes, attach a copy of the mediation deemed inappropriate/unsuccessful letter before submitting the grievance to your Appointing Authority.

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.

C. REMEDY REQUESTED

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

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.

Grievant Signature Date

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 that mediation was not successful. 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.

Merit System Rule 13 and 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, except for grievances alleging sexual harassment or workplace harassment. Call Employment Rights at 724-8028 for more information.