

PIMA COUNTY - LAW ENFORCEMENT EMPLOYEE GRIEVANCE FORM (Rule XIII-2: Grievances Not Alleging Discrimination)

HR Use Only: Time Stamp

Permanent employees may grieve misinterpretation, misapplication or unequal enforcement of Law Enforcement Merit System Rules, Personnel Policies, Board of Supervisors Policies, Administrative Procedures OR a Letter of Reprimand. (For complaints involving FMLA or Parental Leave, please contact Leave Administration at 724-8076 for appropriate grievance forms).

Name: _____ Division: _____ 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 Law Enforcement Merit System Rule, Personnel Policy, Board of Supervisors Policy or Administrative Procedure that you believe has been misinterpreted, misapplied or unequally enforced, in connection with your grievance.

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 Law Enforcement Merit System Rule XIII-2 C.1, you must submit this completed form to your Division Commander **within ten (10) work days** of the incident being grieved or the date of receipt of the Letter of Reprimand.

Grievant Signature

Date Grievance Submitted to Division Commander

DIVISION COMMANDER RESPONSE TO GRIEVANCE DATE RECEIVED: _____

Grievance Denied Grievance Upheld Date Responded: _____

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

Division Commander Signature

Date

GRIEVANT RESPONSE DATE RECEIVED: _____

I accept the action/response of the Division Commander.

I reject the action/response of the Division Commander. I understand that I may submit the grievance to the Sheriff within three (3) business days of receipt of the Division Commander's response.

Grievant Signature

Date Grievance Submitted to Sheriff

SHERIFF RESPONSE TO GRIEVANCE

DATE RECEIVED: _____

- Grievance Denied Grievance Upheld

Date Responded: _____

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

Sheriff's Signature

Date

GRIEVANT RESPONSE

DATE RECEIVED: _____

- I accept the action/response of the Sheriff.
- I reject the action/response of the Sheriff. I understand that I may submit the grievance to the County Administrator for further review ***within three (3) business days*** of receipt of the Sheriff's response.

Grievant Signature

Date

INSTRUCTIONS FOR GRIEVANCE PROCEDURE

Complete the front page of this form prior to submitting the form in its entirety to your Division Commander ***within ten (10) work days*** of the incident being grieved or from the date of receipt of the Letter of Reprimand. Your Division Commander shall discuss the grievance with you, give consideration to the grievance and remedy requested and record his/her response on the grievance form. The Commander shall complete this action and return the grievance form to you within ***ten (10) business days*** of receipt. You may agree or disagree with the Division Commander's response by so indicating in the grievant response section on page 1. If you agree, the grievance shall be filed in your department personnel file. If you disagree, you may forward the grievance to the Sheriff.

Submit the original grievance form to the Sheriff ***within three (3) business days*** of receipt of the Division Commander's response. The Sheriff shall investigate and give consideration to the grievance and remedy requested. Upon your written request, the Sheriff shall meet with you to discuss the grievance ***within five (5) business days*** of receipt of your request. The Sheriff shall return the grievance form to you within ***five (5) business days*** of receipt of your grievance form or from the date of the meeting with you. You may agree or disagree with the Sheriff's response by so indicating in the grievant response section above. If you agree, the grievance shall be filed in your department personnel file.

To request further review, submit this completed form along with related documentation (to include the Division Commander's response and the Sheriff's response and Letter of Reprimand, if applicable.) to the County Administrator ***within three (3) business days*** after receipt of the Sheriff's response. The County Administrator shall determine jurisdiction and, if appropriate, direct Human Resources to conduct grievance committee proceedings in accordance with Law Enforcement Merit System Rule XIII-2.

Within thirty (30) business days of the first committee meeting, the grievance committee will report its findings to the County Administrator. The County Administrator will issue a final decision within ***thirty (30) calendar days*** of receipt of the grievance committee report and respond to you under separate cover. The grievance committee report will be distributed to you and the Sheriff.

NOTE: Human Resources offers mediation services as an alternative means of resolving grievances, except for grievances alleging sexual harassment, workplace harassment or pertaining to a Letter of Reprimand. Call Employment Rights at 724-8028 for more information.