

PIMA COUNTY - LAW ENFORCEMENT DISCRIMINATION GRIEVANCE FORM

HR Use Only: Time Stamp

(Rule XIII-3: Grievances Alleging Discrimination)

Any employee may file a grievance alleging unlawful discrimination based on race, color, religion, national origin, age, sex, disability, veteran's status, or sexual orientation. Subsequent retaliation and/or harassment based on the above are also grievable issues.

Name: _____ Division: _____ Work Phone: _____
Home Phone: _____ Home Address: _____ Zip Code: _____

A. BASIS OF DISCRIMINATION - check appropriate box(es)

Race Color Age Religion National Origin Sex/Sexual Harassment*
Veteran Status Disability ** Retaliation *** Sexual Orientation Results of Genetic Testing

* Coverage includes gender-based discrimination or harassment and/or sexual harassment.

** 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 either on your opposition to a perceived discriminatory act or on your participation in any manner in a discrimination investigation or proceeding.

An employee has the right to file her/his complaint, at any time, with Arizona Civil Rights Division or Equal Employment Opportunity Commission.

B. COMPLAINT (Briefly summarize your complaint. Explain why you believe the discrimination is based on the factor(s) identified above. Additional pages or relevant documentation may be attached.)

C. REMEDY REQUESTED

Grievant Signature

Date Grievance Submitted to Sheriff

SHERIFF'S 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

EMPLOYEE RESPONSE

DATE RECEIVED: _____

I accept the action/response of the Sheriff.

I reject the action/response of the Sheriff. You may submit the grievance to the County Administrator within five (5) working days of receipt of the Sheriff's response.

Grievant Signature

Date

INSTRUCTIONS FOR GRIEVANCE PROCEDURE

Complete the front page of this form and submit it to the Sheriff *within thirty (30) calendar days* of the incident being grieved. The Sheriff will investigate your complaint and issue you a response *within ten (10) working days* of receipt of the grievance form. You may agree or disagree with the Sheriff's response by so indicating in the employee response section. 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) working days* after receipt of the Sheriff's response. The County Administrator shall determine jurisdiction and, if appropriate, direct Human Resources to investigate your allegations and attempt to resolve the grievance.

Within thirty (30) working days of the receipt of the grievance by the County Administrator, Human Resources will report its findings to the County Administrator. Exceptions to this thirty (30) working 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 employee to do so.

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.

NOTE: *Human Resources offers mediation services as an alternative means of resolving grievances, except for grievances alleging sexual harassment or pertaining to a Letter of Reprimand. Call Employment Rights at 740-2728 for more information.*