

**PIMA COUNTY - LAW ENFORCEMENT
DISCRIMINATION GRIEVANCE FORM
Rule XIII-3: Grievance Alleging Discrimination/Harassment
Board of Supervisors Policies D 21.2 and D 21.3**

HR Use Only: Time Stamp

Any employee may file a grievance alleging unlawful discrimination under Law Enforcement Merit System Rules, Personnel Policies, or Board of Supervisors Policies based on race, color, religion, national origin, age, disability, veteran status, genetic information, pregnancy, sex, gender identity, gender expression 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: _____

All sections below (on page 1) must be complete before submitting the grievance to the Sheriff.

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 either 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 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 five (5) 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 the Sheriff *within ten (10) business days* of the incident being grieved. The Sheriff will investigate your complaint and issue you a response *within ten (10) business days* of receipt of the grievance form. 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. 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 a copy of the Sheriff's response) to the County Administrator *within five (5) business days* after receipt of the Sheriff's response. The County Administrator shall request that the Human Resources Department investigate the incident and attempt to resolve the grievance.

Within thirty (30) business days of receipt of the grievance by the County Administrator, Human Resources should report its findings to the County Administrator. Exceptions to this thirty (30) 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 determination within thirty (30) calendar days of receipt of the Human Resources report and respond to you under separate cover. The grievance 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.