

CLARK COUNTY UNSAFE CONDITION REPORT AND WORKPLACE SAFETY GRIEVANCE FORM

Name of Grievant: Job Title:	Work Phone: Home Phone:
Home Mailing Address:	DATE AND TIME RECEIVED <i>(for County use only)</i>
1. Unsafe Condition: Provide a description of the condition(s) which you believe constitutes a workplace safety issue.	
2. Basis For Report/Grievance. Provide a detailed description of the reason or reasons why you believe that the condition described in #1 above constitutes a workplace safety issue according to Wis. Admin. Code Chap Comm. 32.	
3. Witnesses. Identify by name, telephone number and address of all witnesses that you believe will support your claim. Provide a summary of the facts and/or information known by each witness.	
4. Documents. Attach any documents which support your claim. If you do not have a document, provide a description of the document which includes date of the document, the source of the document and the content of the document.	
5. Remedy Requested. Describe in detail how you believe the condition noted above should be modified or corrected.	
6. Certification and Signature. By my signature below, I certify that I have read the above complaint and, under penalty of law, I declare that this complaint is true and correct to my knowledge and belief. Signature of Grievant: _____ Date Signed: _____	

1. Resolution Participants, date(s) of meeting(s) and location(s): Describe the individuals involved in attempting to resolve the grievance informally and the date(s)/time(s) of any meeting(s) and the location(s) in which the meeting(s) occurred.

2. Resolution Discussion Summary. Provide a description of the efforts made in informally resolving the issues contained in the grievance.

3. Results of the Meeting: Describe the end results of the efforts made to resolve the grievance and the rationale used in making these determinations.

- The issue identified does not constitute a workplace safety issue under Wis. Admin. Code Chap. Comm. 32 and thus does not require corrective action.
- The County concurs with the employee's concerns and will be taking corrective action in accordance with law to address the condition.

4. Certification and Signature.

By my signature below, I certify that I have completed the summary above and, under penalty of law, I declare that this information is true and correct.

Signature of Supervisor: _____ **Date Signed:** _____

Office of Personnel Review/Decision (if appropriate):

- Informal resolution proposed is adopted
- Grievance is Affirmed
- Grievance is Denied
- Information provided is incomplete, additional information is requested

Signature of Personnel Manager: _____ **Date Signed:** _____

INSTRUCTIONS

1. USE:

This grievance form is for use in connection with the Clark County Grievance Procedure (Grievance Procedure) in the Clark County Personnel & General Administrative Policies (Policies). Only “regular full time” and “regular part-time” employees who work more than eighty-five (85) hours per month and who have completed twelve (12) continuous months of employment with the County may use the Grievance Procedure. The grievance form may be used only in connection with Workplace Safety as defined by the Grievance Procedure. Please refer to the Grievance Procedure in the Policies for additional rules and restrictions relating to the Grievance Procedure.

2. FILING DEADLINE:

In accordance with section 1.04(3) of the Grievance Procedure, this grievance form must be completely filled out, signed and filed with the Clark County Office of Personnel’s within **ten (10) working days** of the event giving rise to the grievance or the date upon which an employee should have reasonably known of the facts giving rise to the grievance. Failure to timely file a grievance will constitute a waiver of the right to use the grievance procedure and abandonment of the grievance. Please see the Grievance Procedure for any available extensions of time.

3. FILLING OUT THE GRIEVANCE FORM.

a. Event Being Grieved. This section requires you to describe the condition that you are grieving. The description should include the reason(s) you understand the issue raised is a concern of an unsafe condition or Workplace Safety Grievance. A grievance form may only address one issue of concern.

b. Basis for Grievance. This section of the form requires you to provide a detailed description of the reason or reasons why you believe the condition identified constitutes a workplace safety issue. Single word or limited responses are insufficient. You must provide a *detailed* response explaining why you believe the condition is unsafe and a *detailed* description of any facts, events or other information which support your belief.

c. Witnesses. This section of the form requires you to identify all witnesses who you believe will support your claim. The last known telephone number and address of each witness must be provided. You are also required to provide a detailed description of the facts or information known by each witness that supports your claim. Single word or limited descriptions are insufficient. Employees must provide a *detailed* description of the facts or information known by each witness.

d. Documents. This section of the form requires you to produce all documents you believe support your claim. If you do not have the documents, you are required to provide a description of each document which includes the date of the document, the source of the document and a description of the contents. The source can be, for example, an e-mail from a department head, supervisor, co-worker or other individual, a County policy or communication, a time card, portions of an employee or county file or a document that you wrote. The description of the contents should include the subject of the document and the information in the document which you believe supports your position on the grievance.

e. **Remedy Requested.** This section requires you to describe how you believe that condition should be modified or corrected.

4. ASSISTANCE:

All information on the grievance form must be provided. If you have any questions regarding the information required by the form, please contact the office of the Clark County Office of Personnel at 715-743-5298. Employees in the Office of Personnel may only offer assistance in identifying the information required in the grievance form. Employees in the Office of Personnel cannot provide you with legal advice in connection with your grievance. Employees are encouraged to consult an attorney of their choice with any legal questions.

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