

Grievance Procedure - APPENDIX A

CLARK COUNTY DISCIPLINE/TERMINATION GRIEVANCE FORM

Name of Grievant: Job Title:	Work Phone: Home Phone:
Home Mailing Address:	DATE AND TIME GRIEVANCE SUBMITTED:
	DATE AND TIME RECEIVED <i>(for County use only)</i>
1. Discipline/Termination Being Grieved. Provide a description of the discipline/termination being grieved.	
2. Basis For Grievance. Provide a detailed description of the reason or reasons why you believe that the County's decision to discipline or terminate you was incorrect and should be overturned and a detailed description of any facts or information which support your belief.	
3. Witnesses. Identify by name, telephone number and address of all witnesses that you believe will support your claim that the County's decision to discipline or terminate you was incorrect and should be overturned. Provide a summary of the facts and/or information known by each witness.	
4. Documents. Attach any documents which support your claim that the County's decision to discipline or terminate you was incorrect. 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 County's disciplinary action or termination should be modified.	
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. Informal 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. Informal 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.

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 “discipline” and “termination” 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 1.03(2) 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 – (Additional sheets may be used when responding to each area.)

a. Event Being Grieved. This section requires you to describe the disciplinary act or termination that you are grieving. The description should include the reason(s) you understand you were disciplined/terminated and the date on which the discipline/termination occurred. A grievance form may only address one disciplinary event.

b. Basis for Grievance. This section of the form requires you to provide a detailed description of the reason or reasons why you believe that the County’s decision to discipline or terminate you was incorrect. Single word or limited responses to the effect that the discipline/termination was “wrong,” “unfair,” “unequal” or “mistaken” are insufficient. You must provide a *detailed* response explaining why you believe the disciplinary action or termination taken by the County was incorrect or unreasonable and a *detailed* description of any facts, events or other information which support your belief. Note under the Grievance Procedure, you will have the burden of proving by clear and convincing evidence that the County did not have a rational basis for the disciplinary action/termination.

c. Witnesses. This section of the form requires you to identify all witnesses who you believe will support your claim that the disciplinary action or termination taken by the County was incorrect. 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 that the disciplinary action or termination taken by the County was incorrect and should be overturned. Single word or limited descriptions to the effect that the witness knows the discipline/termination was “wrong,” “unfair,” “unequal” or “mistaken” 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 that the disciplinary action or termination taken by the County was incorrect. 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 the discipline or termination should be modified or reduced. Remedies that you could request include: (a) reinstatement; (b) a lesser adverse employment action including, without limitation, suspension of employment, reduction in a suspension term, reduction in base pay, reduction in rank, demotion, oral or written reprimand or performance improvement plan; (c) deletion of the reference to the discipline/termination from the Employee file; (d) back pay; and (e) restoration of lost benefits.

3. 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.