

For Office Use Only

Date Rec'd _____

Rec'd by _____

Dallas County

Application for Discretionary Review Form



Please type or print clearly using ink. All Applications for Discretionary Review under the Civil Service System will be resolved as quickly as possible and at the lowest administrative level possible without regard to race, color, religion, sex, national origin, age or disability.

The Commission will decide whether to grant the Application, by written submission, at a regularly scheduled Civil Service meeting. If the Application is granted, the grievance shall be set for hearing with the Civil Service Commission in accordance with Dallas County Code Chapter 86-1001, *et. al.* If the Application is denied, the grievance shall be dismissed. The decision of the Commission, whether to grant or deny an Application, is wholly within the discretion of the Commission and is final, not subject to administrative appeal. See Dallas County Code, Sections 86-1001 to 86-1007.

Human Resources/Civil Service Department

500 Elm Street, Suite 4100

Dallas, Texas 75202

(214) 751-5716 (Fax grievances)

EmployeeRelations-HR@dallascounty.org (Email grievances)

For questions, contact: EmployeeRelations-HR@dallascounty.org

214-653-7638 (Telephone)

Grievant Information

Name (Last)		First	MI
Department	Job Title	Hire Date: MO DAY YR	
Home Address	Work Telephone: Cell Telephone (optional):	Home Telephone: Email Address:	
Manager/Supervisor's Name		Manager/Supervisor's Telephone Number:	
Next Level Manager/Supervisor's Name		Next Level Manager/Supervisor's Telephone Number:	

AN APPLICATION FOR DISCRETIONARY REVIEW MUST CONTAIN THE APPLICABLE INFORMATION IN DALLAS COUNTY CODE, SECTION 86-1004(b). Failure to provide this information may result in your Application being dismissed for lack of jurisdiction.

A. Scope of Application for Discretionary Review Procedures: *An Application for Discretionary Review may be filed on an adverse employment action taken by management, which may include but is not limited to the following grounds. Indicate the basis for your Application and review. See Sections 86-1003(b) through 86-1007 of the Dallas County Code for additional information.*

- ☐ Improper applications of rules, regulations, and procedures
- ☐ Unfair treatment, including retaliation
- ☐ Discrimination based on race, religion, color, creed, gender, age, national origin, disability, sexual orientation or political affiliation (**circle specific item grieved**)
- ☐ Improper application of fringe benefits or Improper working conditions (**circle specific item grieved**)
- ☐ Other: _____ (explain)

(86-1004(b)(1), (3))

B. Explain fully how you have been actually harmed in a tangible way, *i.e.*, suffered some actual damage(s) (“actual damage” means a loss or injury that has actually occurred):

C. Have you appealed the matter through your chain of command in accordance with Dallas County Code 86-1004 to 86-1005? ☐ Yes ☐ No. If No, your Application will not be considered. If yes, what was the outcome:

D. Attach the following:

- A completed Grievance Form (excluding Section A); and
- Any written determination of the Department's actions received by you on the matter you are attempting to grieve, if applicable (evidencing appeal through chain of command).

Filing Instructions: *In order for your Grievance to be given consideration, it and all subsequent appeals must be filed in writing within seven (7) calendar days from the occurrence of the alleged wrongful action or decision, exclusive of county holidays.*

You must file the Application for Discretionary Review with your appropriate level of management within the seven (7) calendar days, with a copy to the Human Resources/Civil Service Department. Failure to file with the next level of management could render your Application for Discretionary Review null and void. If you are unsure where to file, please contact Human Resources at (214) 653-7638 or EmployeeRelations-HR@dallascounty.org.

THE APPLICANT HAS THE BURDEN OF ESTABLISHING JURISDICTION IN HIS/HER APPLICATION SUBMISSION (including attached Grievance Form). See Dallas County Code, 86-1003(a), 86-1004(b).

By signing this document, I attest that I have proceeded through the chain of command, the matter was not resolved administratively by the department, and I am grieving a final department action. I also certify that the statements in the Application, and any attached supplement, are true and correct and filed in good faith.

Employee's Signature:

Date: