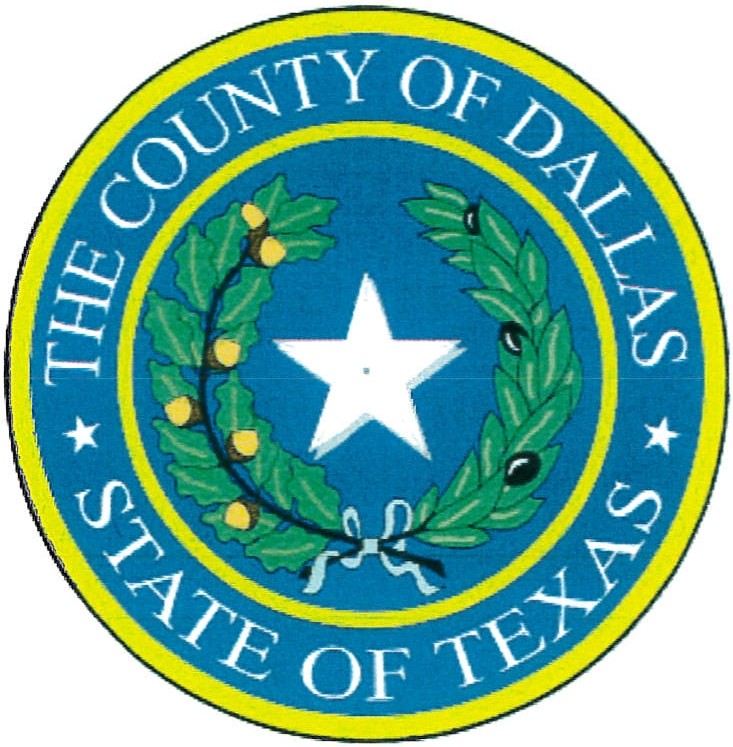
Dallas County

*For Office Use Only*

Date Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rec’d By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Formal Grievance Form**



Please type or print clearly using ink. All grievances under the Juvenile Department 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.

**Dallas County Juvenile Department**

**2600 Lone Star Dr.**

**Dallas, TX 75212**

**214-698-2295**

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| Grievance Information | | | | | |
| Last Name (Print) | | First Name (Print) | | MI | |
| Department | | Job Title | | Hire Date: MO / DAY / YR | |
| Home Address (Including City/State/ZIP) | | Work Phone | | Home Phone | |
| Cell Phone (Optional) | | Email Address | |
| Manager/Supervisor’s Name | | | Manager/Supervisor’s Phone Number | | |
| Next Level Manager/Supervisor’s Name | | | Next Level Manager/Supervisor’s Phone Number | | |
| Lawyer or Other Representative Information (If Applicable)  Name  Address  Phone Number  Email Address | | | | | |
| Name of the individual and/or department against whom the grievance is filed | | | | | |
| **A GRIEVANCE MUST CONTAIN THE INFORMATION IN THE JUVENILE ADMINISTRATIVE POLICY.**  **Failure to provide this information may result in your grievance being dismissed for lack of jurisdiction.** | | | | | |
| 1. Action challenged: *A grievance may be filed on one or more of the following grounds. Indicate the basis for your grievance and review Section 12.00 of the Juvenile Department Administrative Policy for additional information regarding grievance procedures.*   Improper application of rules, regulations, and procedures  Unfair treatment, including coercion, restraint, or reprisal  Discrimination because of race, religion, color, creed, gender, age, national origin, disability or political  affiliation, or sexual harassment  Demotion, suspension, or dismissal | | | | | |
| 1. Please provide details on the basis for the grievance. Conclusory allegations without factual support are insufficient and may result in your grievance being dismissed. 2. Date of Occurrence?       *(A grievance must be filed in writing within seven (7) calendar days from its occurrence, or from the date of receipt of written notification of disciplinary action, exclusive of holidays, unless the employee was unable to do so, due to an emergency.)* 3. A brief explanation/description of the incident/action causing the grieved action, including the location of the incident/action, the identity of the persons involved, and a brief description of how they were involved.      1. The factual basis for the grievance, including setting forth in specific detail why the action was not justified or was unfair. If applicable, list the sections and specific provisions or policies alleged to have been violated and attach any relevant documents you have in support of the allegation. Conclusory allegations are insufficient. Attach additional documents, if necessary. | | | | | |
| 1. Remedy Requested: *What do you want to happen? In your opinion, how can the allegations be corrected?* | | | | |
| 1. Witness(es): *Identify other individuals who may have witnessed the actions being alleged, including contact information.*   Witness(es) Name(s) Contact Information (Phone #) | | | | |
| *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 wrong/ill action or decision, exclusive of county holidays.*  *You must file the grievance with your appropriate level of management within seven (7) calendar days, with a copy sent to Juvenile Human Resources. Failure to file with the next level of management could render your grievance null and void. If you are unsure where to file, please contact Juvenile Human Resources at (214) 698-2295 or* [*Helen.Taylor@dallascounty.org*](mailto:Helen.Taylor@dallascounty.org)*.*  **THE GRIEVANT HAS THE BURDEN OF ESTABILISHING JURISDICTION IN HIS/HER GRIEVANCE FORM SUBMISSION.** | | | | |
| *By signing this document, I attest that I have proceeded through the chain of command. I also certify that the statements and facts alleged herein, and in any attachment or supplement, which is hereby incorporated by reference, are true and correct and made in good faith.*  Employee’s Signature  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date       ­­­­­­ |

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| Last Name | First Name | Date Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rec’d By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Notification of Appeal to Next Level of Management | | | |
| I do not agree with the decision and wish to appeal to the next level, if applicable  Date appeal was delivered to department    Name of management personnel appeal delivered to | | I am satisfied with management’s decision. | |
| Reason(s) for appeal and unresolved issues(s): *Attach any supportive documentation you have to support the allegation.* | | | |
| *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 wrong/ill action or decision, exclusive of county holidays.*  *You must file the grievance with your appropriate level of management within seven (7) calendar days, with a copy sent to Juvenile Human Resources. Failure to file with the next level of management could render your grievance null and void. If you are unsure where to file, please contact Juvenile Human Resources at (214) 698-2295 or* [*Helen.Taylor@dallascounty.org*](mailto:Helen.Taylor@dallascounty.org)*.* | | | |
| *By signing this document, I attest that the statements in the Application, and any attached supplement, are true and correct and filed in good faith.*  Employee’s Signature  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date |

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Date Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rec’d By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Notification of Appeal to Next Level of Management | | | |
| I do not agree with the decision and wish to appeal to the next level, if applicable.  Date appeal was delivered to department    Name of management personnel appeal delivered to | | I am satisfied with management’s decision. | |
| I request a hearing with the Director of Juvenile Services, who is the very last level of appeal for all Juvenile Department employees. Juvenile employees cannot appeal to the Dallas County Civil Service. | | | |
| Reason(s) for appeal and unresolved issues(s): *Attach any supportive documentation you have to support the allegation.* | | | |
| *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 wrong/ill action or decision, exclusive of county holidays.*  *You must file the grievance with your appropriate level of management within seven (7) calendar days, with a copy sent to Juvenile Human Resources. Failure to file with the next level of management could render your grievance null and void. If you are unsure where to file, please contact Juvenile Human Resources at (214) 698-2295 or* [*Helen.Taylor@dallascounty.org*](mailto:Helen.Taylor@dallascounty.org)*.* | | | |
| *By signing this document, I attest that the statements in the Application, and any attached supplement, are true and correct and filed in good faith.*  Employee’s Signature  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date |