

For Office Use Only

Date Rec'd _____

Rec'd by _____

Dallas County

Formal Grievance Form



Please type or print clearly using ink. All grievances 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.

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:

Althea.Chaderton@dallascounty.org

214-653-6044 (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:	

Lawyer or Other Representative Information (if applicable):

Name:

Address:

Contact Telephone Number:

Email Address:

Name of the individual and/or department against whom the grievance is filed:

A GRIEVANCE MUST CONTAIN THE INFORMATION IN DALLAS COUNTY CODE, SECTION 86-1004(b). Failure to provide this information may result in your grievance being dismissed for lack of jurisdiction.

A. Action challenged: *A grievance may be filed on one or more of the following grounds. Indicate the basis for your grievance and review Sections 86-1003(a) through 86-1007 of the Dallas County Code for additional information.*

- Termination (86-1003(a)(a));
- Demotion (86-1003(a)(b));
- Suspension (86-1003(a)(c)); or
- Decrease in Pay (86-1003(a)(d)).

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

If the grievance does not fall within one of the above, you may file an Application for Discretionary Review for other adverse management action. See Sections 86-1003(b).

B. Please provide details on the basis for the grievance. Conclusory allegations without factual support are insufficient and may result in your grievance being dismissed for lack of jurisdiction.

(1) Date of Occurrence? _____ *(A grievance must be filed in writing within seven 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 (see Section 86-1007(i)(2), definition of "emergency").*

(2) Person(s) responsible for action being grieved (identified in Section A)?

(3) Name(s) of supervisor(s) involved in action grieved?

(4) A brief explanation/description of the incident/action causing the grieved action, including the location of the incident/action

and the identity of all persons involved and a brief description of how they were involved?

(5) 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 sheets, if necessary.

(86-1004(b)(2), (4))

C. Remedy Requested. *What do you want to happen; In your opinion how can the allegations be corrected?*

(86-1004(b)(7))

D. Witness(es): *(Identify other individuals who may have witnessed the actions being alleged, including contact information.)*

1.

2.

3.

4.

5.

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 grievance 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 grievance null and void. If you are unsure where to file, please contact Human Resources at (214) 653-6044 or Althea.Chaderton@dallascounty.org.

THE GRIEVANT HAS THE BURDEN OF ESTABLISHING JURISDICTION IN HIS/HER GRIEVANCE FORM SUBMISSION. 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 and am grieving a final department action. 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

Date::

Name (Last)	First	Date Rec'd
		Rec'd by

Notification of Appeal to Next Level of Management

<input type="checkbox"/> I do not agree with the decision and wish to appeal to the next level Date appeal was delivered to department: Name of manager appeal delivered to:	<input type="checkbox"/> I am satisfied with management's decision
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Reason(s) for appeal and unresolved issue(s) *Attach any supportive documentation you have to support the allegation.*

Filing Instructions: *In order for your appeal to be given further 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 appeal with your appropriate level of management within the seven (7) calendars days, with a copy to the Human Resources/Civil Service Department. 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 Human Resources at (214) 653-6044 or Althea.Chaderton@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:

Date:

Name (Last)	First	Date Rec'd
		Rec'd by

Notification of Appeal to Next Level of Management

<input type="checkbox"/> I do not agree with the decision and wish to appeal to the next level Date appeal was delivered to department: Name of manager appeal delivered to:	<input type="checkbox"/> I am satisfied with management's decision
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I request a Civil Service Commission Hearing

Reason(s) for appeal and unresolved issue(s) Attach any supportive documentation you have to support the allegation.

Filing Instructions: In order for your appeal to be given further 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 appeal with your appropriate level of management within the seven (7) calendars 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) 653-6044 or Althea.Chaderton@dallascounty.org .

<p><i>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.</i></p> Employee's Signature:	Date:
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For Human Resources Use Only

Application for Discretionary Review No. <input type="checkbox"/> Eligible for Civil Service Commission Hearing	Date Received:
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