

PIMA COUNTY
DISCRIMINATION GRIEVANCE FORM
(Merit System Rule 13.3: Grievances Alleging Discrimination)

HR Use Only:
Time Stamp

Name: _____ Department: _____ Work Phone: _____

Home Phone: _____ Home Address: _____ Zip Code: _____

PRIOR TO FILING - Pursuant to Merit System Rule 13.1 B, you must attempt to use the County mediation process within ten (10) business days of the date you knew or should have known of the grievable incident(s). For a grievance pertaining to Sexual Harassment or Workplace Harassment, mediation is not required prior to filing.

MEDIATION - Have you made an attempt at mediation as required in Merit System Rule 13.1.B? ____ Yes ____ No
If no, contact Human Resources/Employment Rights staff at 740-2728 before proceeding further.
If yes, attach a copy of the mediation inappropriate/unsuccessful letter before submitting grievance to your department.

A. BASIS OF DISCRIMINATION - check appropriate box(es)

Race Color Age Religion National Origin Veteran's Status Sexual Orientation

Sex/Sexual Harassment* Disability ** Retaliation *** Results of Genetic Testing

BOS Policy D.21.3 – Workplace Harassment

* Coverage includes gender-based discrimination or harassment and/or sexual harassment.

** Coverage includes disability discrimination with respect to hiring, firing, promotions, discipline or other terms and conditions of employment, or harassment based on disability. For an allegation involving a failure to accommodate, please use the ADA Grievance Procedure.

*** Retaliation must be based either on your opposition to a perceived discriminatory act or on your participation in any manner in a discrimination investigation or proceeding.

An employee has the right to file his/her complaint, at any time, with the Arizona Civil Rights Division or Equal Employment Opportunity Commission.

B. COMPLAINT (Briefly summarize your complaint. Explain why you believe the discrimination is based on the factor(s) identified in Section A above. Additional pages or relevant documentation may be attached.)

C. REMEDY REQUESTED

Grievant Signature

Date Grievance Submitted to the Department

(OVER)

DEPARTMENT RESPONSE TO GRIEVANCE

DATE RECEIVED _____

Grievance Denied Grievance Upheld Date Responded _____

Reasons for decision to uphold/deny grievance: (attach additional sheets if necessary)

Appointing Authority Signature

Date

EMPLOYEE RESPONSE

DATE RECEIVED _____

- I accept the action/response of the Appointing Authority.
- I reject the action/response of the Appointing Authority. You may submit the grievance to the County Administrator for further review within five (5) business days of receipt of the departmental response. (**Note:** Include a copy of the departmental response and a copy of the mediation inappropriate/unsuccessful letter.)

Grievant Signature

Date

INSTRUCTIONS FOR GRIEVANCE PROCEDURE

Complete the front page of this form and submit it to your Appointing Authority **within ten (10) business days** of the date you knew or should have known that mediation was not successful. Your Appointing Authority will investigate your allegations and issue you a response **within ten (10) business days** of receipt of the grievance form. You may agree or disagree with the Appointing Authority's response by so indicating in the employee response section above. If you agree, the grievance shall be filed in your departmental personnel file. If you disagree, you may forward the grievance to the County Administrator for further review.

To request further review, submit this completed form along with related documentation to the County Administrator **within five (5) business days** after receipt of the Appointing Authority's response. The County Administrator will determine jurisdiction and, if appropriate, direct Human Resources to investigate your allegations and attempt to resolve the grievance.

Within forty-five (45) business days of receipt of the grievance by the County Administrator, Human Resources will report its findings to the County Administrator. Exceptions to this forty-five (45) business day limitation may be granted by the County Administrator in circumstances where Human Resources demonstrates it is in the best interest of both the County and the employee to do so.

The County Administrator shall issue a final decision and respond to the grievant under separate cover. The grievance report will be distributed to the grievant and the department.

Merit System Rule 13 and Board of Supervisors Policies D.21.2. and D.21.3 authorize this grievance procedure.

NOTE: *Human Resources offers mediation services as an alternative means of resolving grievances, except for grievances alleging sexual harassment, workplace harassment, or pertaining to a Letter of Reprimand. Call Employment Rights at 740-2728 for more information.*