

PIMA COUNTY DISCRIMINATION GRIEVANCE FORM

For Unclassified Employee Not Covered by the Merit System
(Board of Supervisors Policies D.21.2, D.21.3 and D.23.11)

HR Use Only: Time Stamp

Any employee may file a grievance alleging unlawful discrimination based on race, color, religion, national origin, age, sex, disability, veteran's status, or sexual orientation. Subsequent retaliation and/or harassment based on the above are also grievable issues.

Name: _____ Department: _____ Work Phone: _____

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

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

- Race Color Age Religion National Origin
- Sex/Sexual Harassment* Veteran Status Disability ** Retaliation ***
- Sexual Orientation Results of Genetic Testing Workplace Harassment Workplace Violence

* 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, except for alleged violations of the Workplace Violence BOS Policy.

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

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.)

Employee 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 of the grievable issue. 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.

BOS Policies D.21.2, D.21.3, and D.23.11 authorize this grievance procedure.

NOTE: Human Resources offers mediation services as an alternative means of resolving grievances. However, as an unclassified employee you are not required to mediate. Call Employment Rights at 740-2728 for more information.