

**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
Renaissance Tower
1201 Elm Street, 23rd Floor (Suite 2300-B)
Dallas, Texas 75270
(214) 653-6044 (telephone)
Jose.Melendez@dallascounty.org**

Name (Last)		First	(Middle Initial)
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:	
<p>Lawyer or other Representative (if applicable):</p> <p>Name:</p> <p>Address:</p> <p>Contact Telephone Number:</p> <p>Email Address:</p>			
<p>A. Scope of Grievance Procedures: A Grievance may be filed on one or more of the following grounds. Indicate the basis for your grievance and review Sections 86-1001 through 86-1007 of the <u>Dallas County Code</u> for additional information.</p> <p><input type="checkbox"/> Improper applications of rules, regulations, and procedures</p> <p><input type="checkbox"/> Unfair treatment, including coercion, restraint or reprisal</p> <p><input type="checkbox"/> Discrimination based on race, religion, color, creed, gender, age, national origin, disability or political affiliation (circle specific item grieved)</p> <p><input type="checkbox"/> Disciplinary action taken without proper cause</p> <p><input type="checkbox"/> Improper application of fringe benefits or improper working conditions (circle specific item grieved)</p> <p><input type="checkbox"/> Demotion, suspension or termination (circle specific item grieved)</p>			
<p>B. Please provide details on the specific incident(s) being grieved, e.g., (1) What happened? (2) When did the incident happen? (3) Where did the incident happen? (4) Who was involved? (5) How were you adversely affected? Attach additional sheets if necessary.</p>			

C. List the Sections and Specific Provisions or Policies alleged to have been violated. Attach any relevant documentation you have to support the allegation.

D. Witness(es): Identify other individuals who may have witnessed the actions being alleged.

1.

2.

3.

4.

5.

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

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 Jose.Melendez@dallascounty.org.

Employee's Signature

Date::

Notification of Appeal to Next Level of Management

I do not agree with the decision and wish to appeal to the next level

I am satisfied with management's decision

Date appeal was delivered to department:

Name of manager appeal delivered to:

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 Jose.Melendez@dallascounty.org.

Employee's Signature:

Date:

Notification of Appeal to Next Level of Management

I do not agree with the decision and wish to appeal to the next level

I am satisfied with management's decision

Date appeal was delivered to department:

Name of manager appeal delivered to:

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

Employee's Signature:

Date:

For Human Resources Use Only

Grievance No.

Date Received:

Eligible for Civil Service Commission Hearing