
Jackson County Ordinance - Chapter #4 - Personnel Policy

15. GRIEVANCE PROCEDURE

Jackson County has established this policy to provide an employee with an opportunity to address concerns regarding discipline, termination, or workplace safety which are covered by this grievance procedure, pursuant to Wis. Stat. § 66.0509. This procedure provides an employee with the individual opportunity to discuss those concerns with their immediate supervisor, to have those matters reviewed by an Impartial Hearing Officer, and to appeal to the Jackson County Board of Supervisors.

Jackson County expects an employee and management to exercise reasonable efforts to resolve any questions, problems, or misunderstandings prior to utilizing the grievance procedure. Jackson County reserves all rights and this procedure does not create a contract of employment. Employees of Jackson County are employed at-will and may resign with or without reason. The employer may terminate the employment relationship at any time with or without reason and without violation of applicable law.

A. Scope:

An employee subject to a contractual grievance procedure shall solely follow the contractual grievance procedure to the extent those procedures cover the matters covered by the grievance procedure. This procedure does not replace or supersede any statutory provision which may be applicable to an employee's employment with the County. An employee subject to a statutory removal or dispute resolution procedures shall be subject solely to those procedures to the extent those procedures are inconsistent with or cover the matters covered by the grievance procedure.

B. Grievance Definitions:

Costs – The employee shall pay a \$100 filing fee when requesting the service of an Impartial Hearing Officer who is selected by and paid for by the employer. In the event a WERC staff member or other professional affiliation is utilized as the Impartial Hearing Officer, employer and employee shall share equally in the cost of said Impartial Hearing Officer. Each party shall bear its own costs for witnesses and all other out-of-pocket expenses, including possible attorney's fees in investigating, preparing, presenting or defending a grievance.

Employee — a full-time or part-time regular employee of the County. The term "employee" excludes elected officials, limited term employees, casual employees, temporary employees and independent contractors.

Employee Discipline — An employment action that results in written reprimand, a disciplinary suspension, with or without pay, or a disciplinary demotion/reduction in rank. For purposes of this policy, examples of actions excluded are as follows:

1. Layoffs or workforce reduction activities
2. Plans of correction or performance improvement
3. Performance evaluations or reviews
4. Documentation of employee acts and/or omission in an employment file
5. Oral or written reprimands
6. Administrative leave with pay pending investigation of misconduct or nonperformance
7. Non-disciplinary wage, benefit, or salary adjustments
8. Change in assignment or assignment location

The preceding examples are not intended to be all-inclusive, but rather they are examples of excluded actions for
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purposes of access to this grievance procedure.

Termination — A separation from employment by the employer for disciplinary or quality of performance reasons. For purposes of this policy, termination does not include the following:

1. Layoffs
2. Workforce reduction activities
3. Job transfers or reassignments
4. Voluntary termination including, without limitation, quitting, resigning, and retiring
5. Job abandonment, no call, no show, or other failure to report to work

The preceding examples are not intended to be all-inclusive, but rather they are examples of excluded actions for purposes of access to this grievance procedure.

Workplace Safety — Workplace safety means conditions of employment related to the physical health and safety of employees and includes safety or the physical work environment, the safe operations of workplace equipment and tools, provision of protective equipment, training and warning requirements, workplace violence and accident risk. Workplace safety does not include conditions of employment unrelated to physical health and safety matters including, but not limited to, hours, overtime, assignments and work schedules.

C. Grievance Guidelines

A grievance under this policy is considered under the following three conditions only: discipline, termination or workplace safety. Guidelines include:

1. Grievances shall be pursued in accordance with the steps and time limits written in this policy. If these steps and time limits are not expressly adhered to, the grievance will be deemed waived.
2. The party who fails to appeal a grievance in the stipulations set forth below shall be deemed a settlement and waiver of the grievance. However, if it is unreasonable to comply with the time limits specified in the procedure, these time limits may be extended by mutual consent of both parties in writing.
3. Any grievance shall be considered settled at the completion of any step in the procedure if all parties concerned are mutually satisfied.
4. The Personnel Department shall be notified upon the filing of a grievance and kept apprised of all phases throughout the process.
5. Grievance meetings and hearings will typically be held during the grievant's off-duty hours. Time spent in grievance meetings and hearings during off-duty hours will not be considered as compensable work time.
6. Each party shall bear its own costs for witnesses and all other out-of-pocket expenses, including possible attorney fees, in investigating, preparing, or presenting a grievance. The fees of the Impartial Hearing Officer shall be paid by the County.
7. The Grievant shall have the right to representation during the Grievance Procedure and at the Grievant's expense.
8. The term "days" as used in this policy means calendar days.

Grievance Form

The grievant must fill out a county grievance form which may be obtained from the Personnel Department or online at www.co.jackson.wi.us. A grievance form must be completed in timely fashion and filled out as completely as possible.

1. The written grievance shall contain a clear and concise statement of the pertinent facts, the dates the incidents occurred, the identities of the persons involved, documentation related to the grievance in possession of the grievant, and the remedy that should be issued.
2. A grievance alleging a workplace safety issue shall identify the workplaces rules allegedly violated, if applicable.

3. The grievant must file the grievance with the supervisor or department head pursuant to the process identified below.

Incomplete forms or failure to comply with follow-up requests for information or documentation may result in a delay of the grievance process.

D. Grievance Process for Employee Discipline or Employee Termination

1. Grievance Meeting — Step 1

- a. The grievant shall have a face-to-face meeting with his/her supervisor or Department Head to discuss and attempt to resolve the matter within 10 calendar days after the employee knew or should have known the cause of the grievance. The supervisor or department head shall notify the Personnel department of this meeting in advance.
- b. The Supervisor or Department Head will issue a written decision of Step 1 to the grievant(s) within 10 calendar days from the meeting with the grievant(s).
- c. If the written decision of Step 1 does not satisfactorily resolve the grievance, the grievant may submit the written grievance, along with the Supervisor/Department Head response, within 10 calendar days to the Personnel Director.

2. Grievance Hearing — Step 2

- a. Upon receipt of the unsatisfactory Step 1 grievance, An Impartial Hearing Officer will be selected by the Personnel Bargaining Committee at the next regularly scheduled Personnel Bargaining Meeting.
- b. The Impartial Hearing Officer will hold a hearing to discuss and attempt to settle the grievance with the grievant within 30 calendar days.
- c. The Impartial Hearing Officer may set procedural rules for the hearing, including, but not limited to requiring the parties to submit documents and witness lists in advance of the hearing.
- d. The Impartial Hearing Officer shall issue a written decision to the grievant(s) within 30 calendar days from the date of the hearing.

3. Grievance Appeal — Step 3

- a. If the grievance has not been resolved satisfactorily at Step 2, the grievant(s) may appeal to the Jackson County Board of Supervisors in writing within 10 calendar days after the written decision from the Impartial Hearing Officer.
- b. The written appeal must be addressed to the County Board Chair with a copy filed with the County Clerk
- c. The written notice of appeal to the Board of Supervisors shall contain a statement explaining the reasons for the appeal and a copy of the grievance, administrations response to the grievance, and the Impartial Hearing Officer's decision.
- d. The non-appealing party shall be given an opportunity to submit a response within 10 calendar days explaining the reasons the Impartial Hearing Officer's decision should be upheld.
- e. Neither the written notice of appeal nor the response may include information that was not presented at the hearing with the Impartial Hearing Officer.
- f. The Board of Supervisors will hear the grievance at their first regularly scheduled meeting.
- g. If not timely submitted by the grievant, the grievance can no longer be addressed in the grievance procedure.

Level of Review:

- h. The County Board shall review the written decision of the Impartial Hearing Officer, the reasons for the appeal and the reply. The role of the County Board, in reviewing the decision of the Impartial Hearing Officer, is to solely address the following questions:
 - I. Did the Impartial Hearing Officer follow a fair and impartial process?
 - II. Is there evidence of corruption, fraud, or misconduct by the Impartial Hearing Officer?
 - III. Did the Impartial Hearing Officer make an error of law which makes his/her award invalid?
 - IV. Did the Impartial Hearing Officer make an error of fact which makes his/her award invalid?
- i. After answering the above questions, the County Board will decide to uphold, modify, or reverse the decision of the Impartial Hearing Officer.
- j. The County Board will issue its written decision within sixty calendar days from receipt of the appeal.
- k. The County Board of Supervisors decision is final and binding upon all parties.

E. Grievance Process for Workplace Safety Issues

1. Grievance Meeting — Step 1

- a. Any employee who personally identifies, or is given information about, a workplace safety issue or incident must notify his/her supervisor or department head. All safety issues, no matter how insignificant the situation may appear to be, must be reported within 24 hours. In the event of an issue over a job assignment, the employee should perform the task(s) unless there is a question of safety where immediate injury is a concern.
- b. A written report of the incident or issue, outlining the events that transpired and the proposed resolution, if any, shall be submitted by the reporting employee's immediate supervisor to Personnel for review and consideration within 7 calendar days of the incident or issue being reported.
- c. Personnel may implement the proposed resolution or contact an individual, committee, including establishing an ad-hoc committee, to further investigate the incident or issue and the proposed resolution and to draft a written report.
- d. After receipt of the written report, Personnel will conduct additional investigation if needed and/or as required and issue a final report on its findings and conclusions within 30 calendar days of receipt of the written report. Copies of the report will be given to the grievant(s) as well as the investigating body.

2. Grievance Hearing — Step 2

- a. Upon receipt of an unsatisfactory Step 1 grievance, the grievant may appeal the findings and conclusions of the Personnel report and request the appointment of an Impartial Hearing Officer within 7 calendar days after receipt of the Personnel report.
- b. An Impartial Hearing Officer will be selected by the Personnel Bargaining Committee at the next regularly scheduled Personnel Bargaining Meeting.
- c. The Impartial Hearing Officer will hold a hearing to discuss and attempt to settle the grievance with the grievant within 30 calendar days.
- d. The Impartial Hearing Officer may set procedural rules for the hearing, including, but not limited to requiring the parties to submit documents and witness lists in advance of the

hearing.

- e. The Impartial Hearing Officer shall issue a written decision to the grievant(s) within 10 calendar days from the date of the hearing indicating one of four outcomes:
 1. Sustaining the conclusions of the report
 2. Denying the conclusions of the report and ordering additional or alternative remedial measures
 3. Modifying the conclusions of the report and ordering different remedial measures
 4. Recommending additional investigation prior to final determination. In cases where the Impartial Hearing Officer recommends additional investigation, a second follow-up hearing shall be scheduled.

3. Grievance Appeal — Step 3

- a. If the grievance has not been resolved satisfactorily at Step 2, the grievant(s) may appeal to the Jackson County Board of Supervisors in writing within 10 calendar days after the written decision from the Impartial Hearing Officer.
- b. The written appeal must be addressed to the County Board Chair with a copy filed with the County Clerk.
- c. The written notice of appeal to the Board of Supervisors shall contain a statement explaining the reasons for the appeal and a copy of the grievance, administrations response to the grievance, and the Impartial Hearing Officer's decision.
- d. The non-appealing party shall be given an opportunity to submit a response within 10 calendar days explaining the reasons the Impartial Hearing Officer's decision should be upheld.
- e. Neither the written notice of appeal nor the response may include information that was not presented at the hearing with the Impartial Hearing Officer.
- f. The Board of Supervisors will hear the grievance at their first regularly scheduled meeting.
- g. If not timely submitted by the grievant, the grievance can no longer be addressed in the grievance procedure.

Level of Review:

- h. The County Board shall review the written decision of the Impartial Hearing Officer, the reasons for the appeal and the reply. The role of the County Board, in reviewing the decision of the Impartial Hearing Officer, is to solely address the following questions:
 - i. Did the Impartial Hearing Officer follow a fair and impartial process?
 - j. Is there evidence of corruption, fraud, or misconduct by the Impartial Hearing Officer?
 - k. Did the Impartial Hearing Officer make an error of law which makes his/her award invalid?
 - l. Did the Impartial Hearing Officer make an error of fact which makes his/her award invalid?
- m. After answering the above questions, the County Board will decide to uphold, modify, or reverse the decision of the Impartial Hearing Officer.
- n. The County Board will issue its written decision within sixty calendar days from receipt of the appeal.
- o. The County Board of Supervisors decision is final and binding upon all parties.

JACKSON COUNTY GRIEVANCE PROCEDURE APPEAL FORM

INSTRUCTIONS: This form is to be used by employees to appeal the written decision of an Impartial Hearing Officer relating to discipline, termination or workplace safety under the Jackson County Grievance Procedure. The form must be completed and filed with the County Board Chair and a copy to the County Clerk within ten calendar days of the date of the Impartial Hearing Officer’s decision from which the appeal is being taken. Failure to file a written appeal in a timely fashion will result in the waiver of the right to an appeal and the outcome of the proceedings before the hearing officer shall be final. You may only use the space provided on this form.

Name of Grievant:	Work Phone:
Job Title:	Home Phone:
Address:	DATE AND TIME RECEIVED <i>(for County use only)</i>

1. Decision From Which An Appeal Is Being Taken. Attach a copy of the impartial hearing officer’s decision to this form. If you do not have a copy, provide the date of the decision, the name of the Impartial Hearing Officer and briefly describe the decision and order of the impartial hearing officer in the space below.

2. Basis For Appeal. Describe why you believe the decision of the impartial hearing officer was incorrect.

3. Remedy. Describe what you believe the impartial hearing officer should have ordered and why.

Signature of Appealing Party: _____

Date Signed: _____

JACKSON COUNTY DISCIPLINE/TERMINATION GRIEVANCE FORM

Please fill out this form completely. If you need more space, use a separate sheet of paper.

Name of Grievant: Job Title:	Work Phone: Home Phone:
Home Mailing Address:	DATE AND TIME RECEIVED <i>(for County use only)</i>
1. Discipline/Termination Being Grieved. Provide a description of the discipline/termination being grieved.	
2. Basis For Grievance. Provide a detailed description of the reason or reasons why you believe that the County's decision to discipline or terminate you was incorrect and should be overturned and a detailed description of any facts or information which support your belief.	
3. Witnesses. Identify by name, telephone number and address of all witnesses that you believe will support your claim that the County's decision to discipline or terminate you was incorrect and should be overturned. Provide a summary of the facts and/or information known by each witness.	
4. Documents. Attach any documents which support your claim that the County's decision to discipline or terminate you was incorrect. If you do not have a document, provide a description of the document which includes date of the document, the source of the document and the content of the document.	
5. Remedy Requested. Describe in detail how you believe the County's disciplinary action or termination should be modified.	
6. Certification and Signature. By my signature below, I certify that I have read the above complaint and, under penalty of law, I declare that this complaint is true and correct. Signature of Grievant: _____ Date Signed: _____	

INSTRUCTIONS

1. USE: This grievance form is for use in connection with the Jackson County Grievance Procedure. Only those employees who meet the definition of "Employee" in the Grievance Procedure may file a Grievance. This grievance form may be used only in connection with "discipline" and "termination" as defined by the Grievance Procedure. Please refer to the Grievance Procedure for additional rules and restrictions.

2. FILING DEADLINE: In accordance with the Grievance Procedure, this grievance form must be completely filled out, signed and filed to the appropriate department head or supervisor within ten calendar days of the event giving rise to the grievance or the date upon which the employee should have reasonably known the facts giving rise to the grievance. The failure of an employee to timely file a grievance shall constitute a waiver of the Employee's right to use the grievance procedure and an abandonment of the grievance. Please refer to the Grievance Procedure for further details regarding the initiation of a grievance.

3. FILLING OUT THE GRIEVANCE FORM

a. Event Being Grieved. This section requires you to describe the disciplinary act or termination that you are grieving. The description should include the reason(s) you understand you were disciplined/terminated and the date on which the discipline/termination occurred. A grievance form may only address one disciplinary event.

b. Basis for Grievance. This section of the form requires you to provide a detailed description of the reason or reasons why you believe that the County's decision to discipline or terminate you was incorrect. Single word or limited responses to the effect that the discipline/termination was "wrong," "unfair," "unequal" or "mistaken" are insufficient. You must provide a *detailed* response explaining why you believe the disciplinary action or termination taken by the County was incorrect or unreasonable and a *detailed* description of any facts, events or other information which support your belief. Note that under the Grievance Procedure, you will have the burden of proving by clear, convincing and satisfactory evidence that the County did not have a rational basis for the disciplinary action/termination.

c. Witnesses. This section of the form requires you to identify all witnesses who you believe will support your claim that the disciplinary action or termination taken by the County was incorrect. The last known telephone number and address of each witness must be provided. You are also required to provide a detailed description of the facts or information known by each witness that supports your claim that the disciplinary action or termination taken by the County was incorrect and should be overturned. Single word or limited descriptions to the effect that the witness knows the discipline/termination was "wrong," "unfair," "unequal" or "mistaken" are insufficient. Employees must provide a *detailed* description of the facts or information known by each witness.

d. Documents. This section of the form requires you to produce all documents you believe support your claim that the disciplinary action or termination taken by the County was incorrect. If you do not have the documents, you are required to provide a description of each document which includes the date of the document, the source of the document and a description of the contents. The source can be, for example, an e-mail from a department head, supervisor, co-worker or other individual, a County policy or communication, a time card, portions of an employee or county file or a document that you wrote. The description of the contents should include the subject of the document and the information in the document which you believe supports your position on the grievance.

e. Remedy Requested. This section requires you to describe how you believe that the discipline or termination should be changed. The remedies that are available under the Grievance Procedure are limited to one or more of the following: (a) reinstatement; (b) a lesser adverse employment action consisting of a suspension, reduction in the length of a suspension, oral or written reprimand or documentation of employee acts and/or omissions in an employment file; (c) back pay; and (d) in the event of a reinstatement following termination, reimbursement of the County's applicable percentage of any payments made by the Employee for continuation of health insurance under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

4. ASSISTANCE: All information on the grievance form *must* be provided. If you have any questions regarding the information required by the form, please contact the Personnel Department. The Personnel Department may only offer assistance in identifying the information required in the grievance form and cannot provide you with legal advice in connection with your grievance. Employees are encouraged to consult an attorney of their choice with any legal questions.

JACKSON COUNTY WORKPLACE SAFETY GRIEVANCE FORM

Please fill out this form completely. If you need more space, use a separate sheet of paper.

Name of Grievant: Job Title:	Work Phone: Home Phone:
Home Mailing Address:	DATE AND TIME RECEIVED <i>(for County use only)</i>
1. Identification of Condition Being Grieved. Provide a description of the Workplace Safety condition being grieved.	
2. Basis For Grievance. Provide a detailed description of the standard under Wis. Admin. Code Chap. Comm 32 that you believe has been violated and a detailed description of any facts or information which support your belief.	
3. Witnesses. Identify by name, telephone number and address of all witnesses that you believe will support your claim that the County has violated a standard established under Wis. Admin. Code Chap. Comm 32. Provide a summary of the facts and/or information known by each witness.	
4. Documents. Attach any documents which support your claim. If you do not have a document, provide a description of the document which includes date of the document, the source of the document and the content of the document.	
5. Remedy Requested. Describe in detail the remedy you request.	
6. Certification and Signature. By my signature below, I certify that I have read the above complaint and, under penalty of law, I declare that this complaint is true and correct to my knowledge and belief. Signature of Grievant: _____ Date Signed: _____	

INSTRUCTIONS

1. USE: This Workplace Safety grievance form is for use in connection with the Jackson County Grievance Procedure. Any employee of Jackson County may use the Grievance Procedure provided that the hazard or condition which is the subject of the grievance constitutes a “Workplace Safety” violation as defined in the Grievance Procedure *and* the Employee has complied with the conditions for filing a Workplace Safety grievance outlined in the Grievance Procedure.

2. FILING DEADLINE: An Employee may initiate a grievance relating to Workplace Safety by presenting a written grievance to their immediate supervisor. All safety issues, no matter how insignificant the situation may appear to be, must be reported within 24 hours. The Employee must sign and date the grievance. The failure of an Employee to timely file a grievance within 24 hours shall constitute a waiver of the Employee’s right to use the grievance procedure and an abandonment of the grievance. Please refer to the Grievance Procedure for further details regarding the initiation of a Workplace Safety grievance.

3. FILLING OUT THE GRIEVANCE FORM.

a. Condition Being Grieved. This section requires you to describe the Workplace Safety hazard or condition that you are grieving. A grievance form may only address one Workplace Safety hazard or condition.

b. Basis for Grievance. This section of the form requires you to provide a detailed description of the standard or standards under Wis. Admin. Code Chap. Comm 32 that you believe the hazard or condition violates. The description must include an explanation as to *how* the hazard or condition constitutes a violation of Comm 32. Single word or limited responses simply indicating that the hazard or condition violates Comm 32 or a standard in Comm 32 are insufficient. A copy of Chapter Comm 32 and the regulations referenced in Comm 32 is available from the Personnel Department. Note that under the Grievance Procedure, you will have the burden of proving by a preponderance of the evidence that the condition constitutes a Workplace Safety violation and that corrective action by the County is required.

c. Witnesses. This section of the form requires you to identify all witnesses who you believe will support your claim. The last known telephone number and address of each witness must be provided. You are also required to provide a detailed description of the facts or information known by each witness that supports your claim. You must provide a *detailed* description of the facts or information known by each witness.

d. Documents. This section of the form requires you to produce all documents you believe support your claim. If you do not have the documents, you are required to provide a description of each document which includes the date of the document, the source of the document and a description of the contents. The source can be, for example, an e-mail from a department head, supervisor, co-worker or other individual, a County policy or communication, a time card, portions of an employee or county file or a document that you wrote. The description of the contents should include the subject of the document and the information in the document which you believe supports your position on the grievance.

e. Remedy Requested. This section requires you to describe your opinion on the appropriate remedy.

4. ASSISTANCE: All information on the grievance form *must* be provided. If you have any questions regarding the information required by the form, please contact the Personnel Department. The Personnel Department may only offer assistance in identifying the information required in the grievance form and cannot provide you with legal advice in connection with your grievance. Employees are encouraged to consult an attorney of their choice with any legal questions.