

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.