

# OFFICIAL CSA GRIEVANCE FORM

In order for a grievance to be accepted, this form must be completed

## HOW CAN THIS ISSUE BE RESOLVED AT THE LOWEST POSSIBLE LEVEL THROUGH THE DISPUTE RESOLUTION PROCESS?

### **OPTION ONE:**

Can this issue be resolved through the Open Door Policy Process?

(Open Door Policy Process is an informal meeting between the employee and the direct supervisor/manager to discuss the issue.)

YES \_\_\_\_\_ (Attempt the OPEN DOOR POLICY)

NO \_\_\_\_\_ (Go to next option)

### **OPTION TWO:**

Can this issue be resolved through MEDIATION?

(Mediation is a voluntary process in which a trained mediator assists parties involved in work-related issues reach a mutually acceptable agreement.)

YES \_\_\_\_\_ (Attempt mediation by completing a mediation request form)

<http://www.denvergov.org/employeerelations/2022forms1092.asp>

NO \_\_\_\_\_ (Go to next option)

### **OPTION THREE:**

Can I grieve this action/inaction? Answer the questions below.

**Question 1.** Was this an action a supervisor/manager in my department/agency took or failed to take?

YES \_\_\_\_\_ (Go to question 2)

NO \_\_\_\_\_ (May not file grievance, attempt open door or mediation to resolve)

**Question 2.** Did this action/inaction directly impact my employment rights under the City Charter, City ordinances, Executive Orders, Career Service Rules or written department/agency policies?

YES \_\_\_\_\_ (Go to question 3)

NO \_\_\_\_\_ (May not file grievance, attempt open door or mediation to resolve)

**Question 3.** Did the action/inaction occur within the last fifteen calendar days or did you attempt to resolve the issue through mediation, timely filed the request for mediation, and the adjournment of mediation was within the last seven calendar days?

YES \_\_\_\_\_ (Go to question 4)

NO \_\_\_\_\_ (May not file grievance, attempt open door or mediation to resolve)

**Question 4.** If the action/inaction involves any of the following, then follow the process described below:

- Issue for direct appeal (File appeal)
- Complaint of discrimination, harassment or retaliation (File complaint)
- Verbal reprimand (Attempt open door or mediation to resolve)
- Bonus or incentive program or payments (Attempt open door or mediation to resolve)
- Mediation process (Contact Employee Relations to discuss)

If not, you may file a grievance. Complete page 2 of this official CSA grievance form.

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EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE I.D. \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DIVISION \_\_\_\_\_

1. ACTION/INACTION GIVING RISE TO THE GRIEVANCE – (attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. DATE OF THE ACTION/INACTION DESCRIBED ABOVE \_\_\_\_\_

3. SUPERVISOR/MANAGER INVOLVED \_\_\_\_\_

4. THE ACTION/INACTION VIOLATED THE FOLLOWING (MUST INDICATE THE CHARTER PROVISION, ORDINANCE, EXECUTIVE ORDER, CAREER SERVICE RULE, AND/OR WRITTEN AGENCY POLICY VIOLATED <http://www.denvergov.org/employeeerelations> ):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. REMEDY SOUGHT - (attach additional sheet if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Representative (optional) \_\_\_\_\_ Phone Number \_\_\_\_\_

## 7. CERTIFICATE OF DELIVERY

**\*Note that you must check your department/agency policy for acceptable method of delivery.\***

I, \_\_\_\_\_, hereby certify that this grievance was delivered by (indicate method of delivery) \_\_\_\_\_ addressed to: \_\_\_\_\_

Department/agency designee, this \_\_\_\_\_ day of \_\_\_\_\_

Signed \_\_\_\_\_