

## CITY OF LEXINGTON EMPLOYEE GRIEVANCE FORM

Disputes concerning the administration of all ordinances and regulations pertaining to the Civil Service System, including recruitment, examination, classification, probation, promotion and compensation programs affecting the Civil Service System are matters vested in the Director of Human Resources and the Civil Service Commission by KRS 67A.210 et seq. and the Code of Ordinances, Section 21-3, shall *not* be heard through the grievance procedure described herein. Individuals may first consult the Director of Human Resources and, if not satisfied, the Civil Service Commission concerning those matters.

### STEP 1

Within ten (10) working day of the event or occurrence giving rise to the grievance, the employee that considers himself/herself aggrieved ("grievant") shall talk to the employee whose behavior is subject of the grievance ("respondent"). Contact human resources for guidance if needed. If the grievant *does not* feel comfortable with talking to the respondent and/or the grievance *is not* settled with this step, the grievant may proceed to Step 2. If your grievance is against your division director, you should skip Steps 1 and 2. Submit Step 3 to the commissioner of your department.

\_\_\_\_\_  
**Date event or occurrence**

\_\_\_\_\_  
**Date grievance stated verbally to the respondent**

\_\_\_\_\_  
**Date verbal answer is given to grievant**

\_\_\_\_\_  
**Grievant's Signature**

\_\_\_\_\_  
**Date**

- I do not feel comfortable with talking to the respondent about my grievance, and wish to go on to Step 2.  
 I do not concur with the answer received and wish to go on to Step 2.

If proceeding to Step 2, describe nature of the alleged wrong and the remedy sought. Attach additional pages if needed.

### STEP 2

Give the original written grievance to the respondent *within five (5) working days* after receiving the respondent's verbal answer; however, if skipping step 1, give the original written grievance to the respondent *within ten (10) working days* of the event or occurrence that gave rise to the grievance.

\_\_\_\_\_  
**Date written grievance is given to the respondent**

\_\_\_\_\_  
**Grievant's Signature**

\_\_\_\_\_  
**Date**

Respondent's written answer. Attach additional pages if needed.

\_\_\_\_\_  
**Date written answer is given to the grievant**

\_\_\_\_\_  
**Respondent's Signature**

\_\_\_\_\_  
**Date**

Grievant's response.

- I do not feel comfortable with taking steps 1 and 2 with the respondent and wish to go on to Step 3.  
 I do not feel comfortable with taking step 2 with the respondent and wish to go on to Step 3.  
 I do not concur with the answer received and wish to go on to Step 3.

\_\_\_\_\_  
**Date written response is received by grievant**

\_\_\_\_\_  
**Grievant's Signature**

\_\_\_\_\_  
**Date**

### STEP 3

Give supervisor the original or copy of the original form *within five (5) working days* after receipt of the respondent's written answer or *within five (5) working days* if skipping step 2; however, if the grievant skips steps 1 and 2, give the original or copy of the original form to the supervisor *within ten (10) working days* of the event or occurrence that gave rise to the grievance.

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Date grievance is given to the grievant's supervisor

Grievant's Signature

Date

After notifying their manager or director, the supervisor or the supervisor's higher-level representative, shall discuss the grievance with the grievant within ten (10) working days after receiving the grievance form.

Date discussed with the grievant

Supervisor's Signature

Date

Grievant's response.

- I concur with the answer received and consider this grievance resolved.
I do not concur with the verbal answer received from my supervisor, or their higher-level representative, and wish to receive their written response within ten (10) working days following the discussion with my supervisor.

If no settlement is reached after discussion with the supervisor, the supervisor, or the supervisor's higher-level representative, shall give a written answer to the grievant within ten (10) working days following the discussion; however, this WRITTEN ANSWER SHALL RECEIVE THE PRIOR WRITTEN APPROVAL OF THE NEXT-LEVEL MANAGER OR DIRECTOR.

Supervisor's written answer. Attach additional pages if needed.

Date supervisor gives form to next level manager or director

Supervisor's Signature

Date

Date next-level manager or director received the form

Manager or Director's Signature

Date

Date written answer is given to the grievant

Supervisor's Signature

Date

Grievant's response.

- I concur with the answer received and consider this grievance resolved.
I do not concur with the answer received and wish to go on to Step 4.

Date written response is received by grievant

Grievant's Signature

Date

STEP 4

Give the original or copy of the original form to the CAO's designee, the Division of Human Resources within ten (10) working days after receipt of management's written response.

Date grievance is given to Human Resources

Grievant's Signature

Date

The Division of Human Resources shall discuss the grievance with the grievant within ten (10) calendar days after receiving the formal grievance at a time and place designated by the Division of Human Resources.

Date discussed with the grievant

Human Resources' Signature

Date

The CAO's decision is final and shall be placed in writing within five (5) working days from the date of the meeting.

Date written answer is given to the grievant

CAO's Signature

Date

A copy shall be sent to the grievant, respondent and the appropriate supervisors. If the respondent is found to have abused their discretion, appropriate corrective action will be taken.