

Grievances

803.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the Humboldt County Probation Department (HCPD) grievance system. The grievance system is intended to facilitate communication and to promptly and equitably address employee grievances in the workplace.

The procedure for filing a grievance is covered by Rule VIII of the Humboldt County Merit System Rules. The current Merit System Rules may be found here: [Humboldt County Merit System Rules](#)

803.1.1 GRIEVANCE DEFINED

A grievance is a difference of opinion or dispute regarding the meaning, interpretation, or application of any of the following:

- The collective bargaining agreement or memorandum of understanding
- This Policy Manual
- Rules and regulations governing personnel practices or working conditions
- Workplace issues that do not amount to misconduct under the Personnel Complaints Policy, such as fraud, waste, abuse of authority, gross mismanagement, or any inappropriate conduct or practices, including violations that may threaten the health, safety, or well-being of members

Specifically outside the category of grievances are complaints related to alleged acts of sexual, racial, ethnic, or other forms of unlawful harassment, as well as complaints related to allegations of discrimination on the basis of sex, race, religion, ethnic background, and other lawfully protected status or activity that are subject to the complaint options set forth in the Discriminatory Harassment Policy. Also outside the category of grievances are personnel complaints regarding any allegation of misconduct or improper job performance against any department employee that, if true, would constitute a violation of department policy or federal, state, or local law, as set forth in the Personnel Complaints Policy.

803.2 POLICY

It is the policy of the HCPD to provide a just and equitable system for the prompt handling of employee grievances without discrimination, coercion, restraint, or retaliation against any employee who submits or is otherwise involved in a grievance.

803.3 PROCESS

Grievances may be brought by an individual employee or by an employee group representative. Employees may have representation during the grievance process.

Except as otherwise required under a collective bargaining agreement or memorandum of understanding, if an employee comes to believe behavior constituting a grievance as defined above may have occurred, the employee shall:

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- (a) Attempt to resolve the issue through informal discussion with his/her immediate supervisor.
- (b) If after a reasonable amount of time, generally seven days, the grievance cannot be settled by the immediate supervisor, the employee may request an interview with the appropriate Division Director.
- (c) If a successful resolution is not found with the Division Director, the employee may request a meeting with the Chief Probation Officer.
- (d) If the employee and the Chief Probation Officer are unable to arrive at a mutual solution, the employee shall proceed as follows:
 1. Submit a written statement of the grievance to the Chief Probation Officer and provide a copy to the employee's immediate supervisor. The grievance form is attached here: [Grievance Form](#)
 2. Include the following information in the written statement:
 - (a) The basis for the grievance (i.e., the facts of the case).
 - (b) The allegation of any specific wrongful act and the harm done.
 - (c) The specific policies, rules, or regulations at issue.
 - (d) The remedy or goal being sought by the grievance.
- (e) The supervisor shall provide the employee with a signed acknowledgment of the grievance that shall include the date and time of receipt.
- (f) The Chief Probation Officer and the Department of Human Resources should review the grievance and respond to the employee within 14 calendar days.
 1. The response will be in writing and will affirm or deny the allegations.
 2. The response shall include any remedies, if appropriate.
 3. The decision of the Department of Human Resources is considered final.

803.4 GRIEVANCE RECORDS

At the conclusion of the grievance process, all documents pertaining to the process shall be forwarded to the Administration for inclusion into a secure file for all written grievances. Copies of the documents should also be sent to the Department of Human Resources.

803.5 POLICY OR TRAINING IMPLICATIONS

If an employee who participates in the grievance review process identifies any issue that may warrant an immediate revision to this Policy Manual, a procedural change, or an immediate training need, the employee should promptly notify the Chief Probation Officer in the memorandum.

Attachments

Grievance Form (PDF).pdf

**COUNTY OF HUMBOLDT
GRIEVANCE FORM**

INSTRUCTIONS TO EMPLOYEE

You must attempt to resolve this grievance by discussing the matter with your immediate supervisor before you file a formal grievance form.

Prepare this form by providing all of the requested information. Attach additional pages if there is not enough room in the space provided. Send one copy of the form to the Personnel Department, and send the original form to your immediate supervisor. For specific information about the grievance procedure, see Humboldt County Merit System Rule VIII, which is available from your department or the Personnel office.

INSTRUCTIONS TO DEPARTMENT

The adjustment of this grievance must be consistent with the provisions of the current memorandum of understanding between the County and the recognized employee organization, which represents this employee. Regardless of which step in the procedure the grievance is finally resolved, the appropriate employee organization must be given the opportunity to comment upon the final adjustment. Send one copy of the department's response at each step in the formal grievance process to the Personnel Department.

GENERAL INFORMATION

Name _____ Class Title _____

Department _____ Division _____

Work Phone _____ Mailing Address _____

Date grievance was discussed with immediate supervisor _____

Nature of Grievance:

Suggested Solution:

Date _____ Signature _____

GRIEVANCE FORM (cont'd)

IMMEDIATE SUPERVISOR

Date Received Form _____

Summary of Facts:

Decision:

Date _____ Signature _____ Title _____

SECOND SUPERVISORY LEVEL

Date Received Form _____

Date Heard _____

Additional Facts, if any:

Decision:

Date _____ Signature _____ Title _____

DEPARTMENT HEAD

Date Received Form _____

Date Heard _____

Additional Facts, if any:

Decision:

Date _____ Signature _____ Title _____