

Official Career Service Workplace Grievance Instructions

What is a grievance?

Pursuant to [Career Service Rule 18-30 A.](#), a grievance is an allegation made by a Career Service employee regarding discrimination, harassment, retaliation, or actions/inactions taken by the employee's supervisor/manager that violate the employee's rights under the Career Service Rules, City Charter, ordinances relating to the Career Service, executive orders (including violence in the workplace), or written agency policies.

You can file a grievance if:

- You are a Career Service employee, and
- You are alleging discrimination, harassment, or retaliation; and/or
- You are alleging that actions or inactions taken by your supervisor/manager violate your rights under the Rules, City Charter, City ordinances relating to the Career Service, executive orders (including violence in the workplace), or written agency policies.

You cannot file a grievance if:

- You are **required to file a direct appeal** per [Career Service Rule 19](#), which includes challenges to a(n):
 - Dismissal;
 - Suspension or temporary reduction in pay (TRIP);
 - Involuntary demotion with attendant loss of pay;
 - Disqualification;
 - Lay-off or failure to re-instate as may be required by [Career Service Rule 3](#); or
 - Retaliatory adverse employment action as defined by the City's Whistleblower Protection ordinance.
- Or if your allegation relates to:
 - Any aspect of the performance review program other than your performance rating;
 - Bonus or incentive payments, or the lack thereof, or the criteria used by an agency or department to make or not make such payments, or any other aspect of the bonus or incentive program;
 - The mediation process;
 - A contemplation of discipline or disqualification notice or meeting; or
 - The assignment to or removal from an acting role, working out of class assignment, or Senior Command Staff status (as defined in [Career Service Rule 5](#)).

Timeline for filing a grievance:

- Within twenty-one (21) days of the action or inaction taken by your supervisor/manager that violated your rights under the Rules, City Charter, City ordinances relating to the Career Service, executive orders, or written agency policies or the incident(s) relating to your allegation of violence in the workplace; or
- As soon as possible if you are alleging discrimination, harassment, or retaliation.

Timeline for responding to a grievance:

- Within twenty-one (21) days of receipt of the grievance the department or agency will provide you with a dated, written notice of a decision; unless,
- The grievance alleges discrimination, harassment, or retaliation, in which case the timeline for responding may vary.

Office of Human Resources
201 W. Colfax Ave. Dept. 412 | Denver, CO 80202
p: 720.913.5710 | f: 720.913.5720
www.denvergov.org/humanresources

311 | POCKETGOV.COM | DENVERGOV.ORG | [DENVER 8 TV](http://DENVER8TV)

Official Career Service Workplace Grievance Form

Employee Name: _____ Employee ID: _____

Last

First

MI

Work Phone: _____ Home/Cell Phone: _____ Email: _____

Preferred Contact Method: _____ Department/Agency: _____ Work Schedule: _____

Job Title: _____ Name of Supervisor: _____

1. NATURE OF GRIEVANCE

Please describe the nature of your grievance in as much detail as possible (dates, times, places, and people involved), including:

- The action or inaction taken by your supervisor/manager that violated rule(s), law(s), or policy*; and/or
- The basis for your allegation of violence in the workplace **IF** alleging violence; and/or
- The basis for your allegation of discrimination, harassment, retaliation including your protected characteristic(s) and/or protected actions **IF** alleging discrimination, harassment, and/or retaliation.

*You must list the specific Charter provision(s), Denver Revised Municipal Code section(s), Executive Order(s), Career Service Rule(s), agency policy or practice(s), law(s), and/or regulation(s) allegedly violated.

Please attach additional pages if you need more space. Additional pages must be signed and dated.

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2. WITNESSES AND ALL PEOPLE WITH KNOWLEDGE RELATED TO YOUR ALLEGATIONS		
Name	City Employee	Contact Information
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. REMEDY SOUGHT
 What action would you like your department or agency to take in response to your grievance?

I affirm that the information contained in this grievance is true to the best of my knowledge and verify by signature that my filing a complaint with the Office of Human Resources does not preclude me from filing a charge of discrimination with the Equal Employment Opportunity Commission (EEOC) or Colorado Civil Rights Division (CCRD) now or later.

COMPLAINANT SIGNATURE DATE

Complainant should complete this form in its entirety and mail, e-mail, or deliver to the Appointing Authority or the HR Representative of the employee’s department or agency.

For questions about this form or the Grievance process, please contact your HR Representative or the Office of Human Resources Employee Relations Team - Phone: 720.913.5710 or Email: ERSTeam@denvergov.org.

OHR Use Only

Date Received _____

HR Representative: _____