

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

TERMINATION OR REDUCTION IN PAY GRIEVANCE PROCEDURE FORM

NAME (LAST)		(FIRST)	(MIDDLE INITIAL)
DEPARTMENT	POSITION/TITLE		HIRE DATE: MO/DAY/YR
HOME ADDRESS		HOME TELEPHONE	ALTERNATE TELEPHONE
SUPERVISOR'S NAME		DEPARTMENT DIRECTOR'S NAME:	

GRIEVANCE PROCEDURE - STEP 1

“Any employee having a complaint arising out of the termination of their employment or reduction in their pay shall file this completed complaint form with the Human Resources Department within fourteen (14) calendar days of the event.”

TO BE COMPLETED BY HUMAN RESOURCES

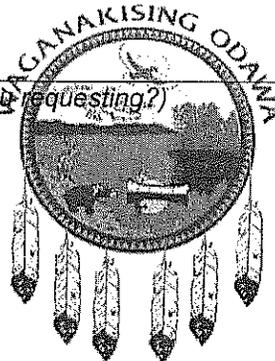
Date of Termination or Pay Reduction: _____ Today's Date: _____

Dates of any other Disciplinary Action: _____

TO BE COMPLETED BY THE CLAIMANT

NATURE OF COMPLAINT: *(It is recommended that you briefly list or summarize the alleged violations. On page two you will explain in detail.)*

PROBLEM RESOLUTION: *(What relief are you requesting?)*



COMPLAINANT SIGNATURE:

DATE:

HUMAN RESOURCES DIRECTOR'S SIGNATURE:

DATE:

Date Received Stamped:

**GRIEVANCE PROCEDURE - STEP 1
SUPERVISOR'S STATEMENT**

"The Supervisor shall respond, in writing, to the employee's written complaint."

Today's Date _____ Response Requested by _____ Date response completed _____

WRITTEN RESPONSE (Use additional sheet if necessary.)

I HEREBY SWEAR THE ABOVE STATEMENT TO BE TRUE TO THE BEST OF MY KNOWLEDGE
Supervisor's Signature: _____

Date: _____

Date Received

Date meeting is held to discuss the grieved action: (within 7 days of date received)

FOR OFFICE OF HUMAN RESOURCES USE ONLY

PROBLEM RESOLUTION NO. 2004-00 - _____

DATE RECEIVED: _____ **SIGNATURE:** _____

GRIEVANCE PROCEDURE—STEP 1 continued
FORMAL WRITTEN COMPLAINT (EMPLOYEE)

Date of Termination: _____
or pay reduction

Today's Date: _____

A. PLEASE DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES (including dates), THAT YOUR TERMINATION OF EMPLOYMENT OR REDUCTION IN PAY. WHY DO YOU FEEL THAT YOU WERE WRONGFULLY DISCHARGED OR HAD YOUR PAY REDUCED. EXPLAIN WHY YOU BELIEVE THAT THIS ACTION WAS UNAUTHORIZED.

B. LIST THE ARTICLE(S) AND SECTION(S) OF THE PERSONNEL POLICY, TRIBAL LAW OR FEDERAL LAW ALLEGED TO HAVE BEEN VIOLATED.

I HEREBY SWEAR THE ABOVE STATEMENTS TO BE
TRUE TO THE BEST OF MY KNOWLEDGE
CLAIMANT SIGNATURE:

DATE PREPARED:

SIGN AND DATE THAT YOU HAVE RECEIVED THE GRIEVANCE FORM
REGULATORY DIRECTOR'S SIGNATURE:

DATE RECIEVED:

FOR OFFICE OF HUMAN RESOURCES USE ONLY

PROBLEM RESOLUTION NO. 2004-00 - _____

**GRIEVANCE PROCEDURE—STEP 1 continued
REGULATORY DIRECTORS RESPONSE**

“The Regulatory Director will respond to the claimant, in writing, within SEVEN (7) calendar days following the investigation.”

Date of Meeting:	Today's Date:
WRITTEN RESPONSE: (Use additional sheet if necessary)	
Signature:	Date:

(Claimant must check the box that applies, sign and date, and return to the Regulatory Director)

<input type="checkbox"/> I AM SATISFIED WITH THE RESPONSE OFFERED IN STEP 1. NO FURTHER ACTION NEEDED	<input type="checkbox"/> I AM DISSATISFIED WITH THE RESPONSE OF THE REGULATORY DIRECTOR. APPEAL TO STEP 2.
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(Claimant has seven (7) calendar days to respond to this decision)

COMPLAINANT SIGNATURE:	DATE:
REGULATORY DIRECTORS SIGNATURE:	DATE:

**GRIEVANCE PROCEDURE—STEP 1 continued
HEARING OFFICER RESPONSE**

“The Hearing Officer will be selected at random within fourteen (14) calendar days of the claimants request to continue to a Third Party Hearing. The Hearing Officer will hold a hearing and respond to the employee, in writing, within thirty (30) calendar days following the Hearing Officers appointment.” This time can be extended only upon showing of just cause to the Hearing Officer.

Date of Hearing:

Today's Date:

WRITTEN RESPONSE: (Use additional sheet if necessary.)

Signature:

Date:

(Claimant must check the box that applies, sign and date, and return to the Regulatory Director)

I AM SATISFIED WITH THE RESPONSE OFFERED IN STEP 1. NO FURTHER ACTION NEEDED

I AM DISSATISFIED WITH THE RESPONSE OF THE HEARING OFFICER. APPEAL TO STEP 3.

(Claimant has fourteen (14) calendar days to respond to the Hearing Officers response)

COMPLAINANT SIGNATURE:

DATE:

REGULATORY DIRECTORS SIGNATURE:

DATE:

**GRIEVANCE PROCEDURE
TRIBAL COURT RULING**

Today's Date:

WRITTEN RESPONSE (Use additional sheet if necessary.)

Signature:

Date:

FOR OFFICE OF HUMAN RESOURCES USE ONLY

PROBLEM RESOLUTION NO. 2004-00 - _____

DATE RECEIVED: _____ **SIGNATURE:** _____

NONCOMPLIANCE FORM (Claimant's Form)

A claimant should raise an issue of noncompliance immediately. By proceeding with the grievance after becoming aware of a procedural violation, one may forfeit the right to challenge the noncompliance at a later time. Written notice of noncompliance must be made on this form and presented to the Regulatory Director.

State the reason for noncompliance:

Signature of claimant: _____ Date: _____

Corrective Action to the claim of noncompliance if any is needed: *(party has seven (7) calendar days after receipt of this notice to correct the noncompliance issue that has been raised or to respond that it does not feel that the noncompliance issue is valid.)*

Signature of Regulatory Director: _____ Date: _____

(Claimant circle your response, then sign and date below)

(A) I am satisfied **(B) I request a Hearing Officer's ruling on this issue of noncompliance.**

Claimants signature: _____ Date: _____

(Request for a Hearing Officer's ruling on this issue must be received by the Regulatory Director within seven (7) calendar days of the receipt of the Regulatory Director's response above.)

HEARING OFFICER'S RULING

Hearing Officer's signature: _____ Date: _____

NONCOMPLIANCE FORM (Management's Form)

A claimants grievance must: Be presented to the Human Resources within fourteen (14) calendar days of the Claimants dismissal or reduction in pay; Pertain directly and personally to the Claimant's own employment; Not be used to harass or otherwise impede the efficient operations of Tribal government ; Not have been pursued through other process (for example, a law suit filed in court); Not duplicate another grievance challenging the same action or arising out of the same facts.

If any of these requirements are not met, management shall notify the claimant, using this form, that the grievance will be administratively closed due to noncompliance.

State the reason for noncompliance:

Regulatory Director's signature: _____ Date: _____

I wish to challenge the Regulatory Director's ruling of noncompliance to a Hearing Officer

Claimants signature: _____ Date: _____

(Challenge of the noncompliance must be made within seven (7) calendar days of receiving this notice)

HEARING OFFICERS RULING ON NONCOMPLIANCE

Hearing Officer Signature: _____ Date: _____

(Hearing Officer's ruling on the challenge must be made within seven (7) calendar days of the challenge)