

# 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

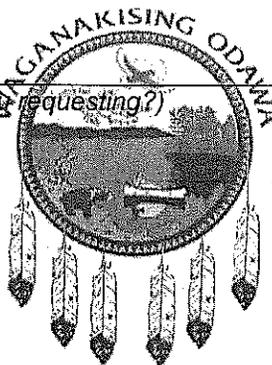
Date of Termination or Pay Reduction: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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 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 LED TO 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  
TRIBAL ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**FOR OFFICE OF HUMAN RESOURCES USE ONLY**

**PROBLEM RESOLUTION NO.**    2004-00 - \_\_\_\_\_

**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  
TRIBAL ADMINISTRATOR RESPONSE (FORM A)**

**“The Tribal Administrator 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 Tribal Administrator)*

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

I AM DISSATISFIED WITH THE RESPONSE  
OF THE TRIBAL ADMIN. APPEAL TO STEP 2.

*(Claimant has seven (7) calendar days to respond to this decision)*

COMPLAINANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TRIBAL ADMINISTRATORS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**GRIEVANCE PROCEDURE – STEP 2  
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 a 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 Tribal Administrator)*

I AM SATISFIED WITH THE RESPONSE OFFERED IN STEP 2. 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: \_\_\_\_\_

TRIBAL ADMINISTRATOR'S 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 Tribal Administrator.

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 Tribal Administrator: \_\_\_\_\_ 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 Tribal Administrator within seven (7) calendar days of the receipt of the Tribal Administrator's response above.)*

## HEARING OFFICER'S RULING

Hearing Officer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NONCOMPLIANCE FORM (Management's Form)**

A claimants grievance must: Be presented to 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 another 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:

Tribal Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to challenge the Tribal Administrator'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)*