



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 Stamp:

**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 GREIVANCE FORM
TRIBAL ADMINISTRATOR'S SIGNATURE:

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)

Within seven calendar days, the Tribal Administrator must provide a written response.

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 ADMINISTRATION. 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 Tribe shall retain an impartial hearing officer for appeals on the above. An impartial hearing officer must be appointed within 14 calendar days of the claimant's request to continue to a third party hearing. A grievance hearing must be held and a written decision issued within 30 calendar days of the claimant's request to continue to a third party hearing.

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)

| | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I AM SATISFIED WITH THE RESPONSE OFFERED IN STEP 2. NO FURTHER ACTION NEEDED. | <input type="checkbox"/> 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 Officer's 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.

Claimant's 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 claimant's grievance must: Be presented to Human Resources within fourteen (14) Calendar days of the Claimant's 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 the 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

Claimant's signature: _____ Date: _____

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

HEARING OFFICER'S 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)