

Oneida Trial Court
P.O. Box 19
Oneida, WI 54155
(920) 496-7200

INSTRUCTIONS FOR FILING AN EMPLOYEE GRIEVANCE COMPLAINT

1. Complete and sign the Employee Grievance Complaint form, **within 10 working days** from the Area Manager's decision, and pay a filing fee of \$25.00 with the Clerk (you may request a fee waiver).

Note: If filling out Fee Waiver Request you must provide documentation (proof) of income.
2. Once a completed Employee Grievance Complaint form is filed with the Trial Court, **within one business day**, the Clerk will notify the HRD; cc: immediate supervisor and Area Manager that an Employee Grievance Complaint was filed challenging the decision of the Area Manager (or designee).
3. **Within 2 working days**, HRD will hand deliver all the information the Area Manager used in making his or her decision to the Court.
4. The Court will review all the information submitted by the Petitioner and HRD and determine if one or both of the following conditions may exist:
 - a. The decision of the Area Manager is clearly against the weight of the evidence and/or
 - b. Procedural irregularities were exhibited during the appeal process that were harmful to one of the parties to the grievance.
5. If the Court finds that one or both conditions may be present, the Court will schedule a hearing and provide notice to the parties **at least 5 working days** before the hearing.
6. If the Court finds that neither of the conditions exist, the Court, without a hearing, will issue a decision upholding the Area Manager's decision.

Any questions, call the Clerk of Court at 920-496-7200.

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EMPLOYEE GRIEVANCE COMPLAINT

Case No. _____

Petitioner: ☐ Check this box if you are represented by an attorney or advocate and attach their information on a separate sheet.

Enter the name, address and daytime phone number of the person to be protected. (You are the Petitioner).

First name	Middle name	Last name
Current Mailing Address		Employee No.
City	State	Zip
Daytime Phone Number		
Name of person completing Petition (If different from Petitioner)		Relationship to Petitioner

Enter the name, address, and phone number of the person you are seeking a Personnel/Employment matter against. (Respondent)

Respondent (Area Manager):

(Area Manager) First name	Middle name	Last name
Current Mailing Address		Email address
Department/Entity		
City	State	Zip
Daytime Phone Number		

EMPLOYMENT GRIEVANCE COMPLAINT

1. Please check all the following that apply to your case:

- ☐ Written Warning ☐ Suspension (number of days _____)
- ☐ Termination ☐ Other Adverse Employment Action (Please provide)

2. When you filed your appeal to the Area Manager, did you also file it with the HRD Manager or designee?

☐ Yes ☐ No

3. Has an Area Manager issued a decision on your case?

☐ Yes ☐ No

- A. If yes, please provide when you received the Area Manager's decision and the Area Manager's Name, Title, Program/Entity/Department and email address

4. Please provide a brief explanation as to what occurred:

Please explain what happened that you do not agree with.

☐ See attached for more information

5. Will new evidence, previously unavailable be introduced at the Judiciary – Trial Court?

☐ Yes ☐ No

New evidence means something the Area Manager should have considered when making the decision but did not.

- a. If yes, please provide a brief description of the new evidence and explain why it was previously unavailable:

☐ See attached for more information

(If new evidence is introduced at the Judiciary – Trial Court, the hearing will be suspended and the case will be remanded to the Area Manager for reconsideration)

6. Please provide information addressing either or both of the following:

Explain why the Area Manager's decision is not supported by facts that are in your favor.

- a. The decision of the Area Manager is clearly against the weight of the evidence because:

☐ See attached for more information

- b. The following procedural irregularities were exhibited during the appeal process that were harmful to me because:

Explain what should have happened, but did not and why it was not fair.

☐ See attached for more information

7. Please provide the relief you are requesting:

Describe what you would like to receive at the end of this case.

☐ See attached for more information

Dated this _____ day of _____, 20____.

BY: Petitioner or Petitioner's Attorney/Advocate

Signature

Printed