

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 receipt of 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.

  - a. Attach a copy of the Disciplinary Action Notice (including all attachments)
  - b. Attach a copy of your appeal to the Area Manager
  - c. Attach a copy of the Area Manager's decision
2. Once a completed Employee Grievance Complaint form is filed with the Trial Court, **within one business day**, the Clerk will notify the HRD; and provide a copy to the immediate supervisor and Area Manager that an Employee Grievance Complaint was filed challenging the decision of the Area Manager (or designee). A complete filing includes:
  - a. Employee Grievance Complaint, all questions answered and signed
  - b. Copy of all items listed above and any other supporting documents
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 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 exist, 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

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

Please explain what happened that you do not agree with.

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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:

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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:

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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

8. I have attached a copy of the Disciplinary Action Notice, my appeal to the Area Manager, and the Area Manager's decision.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

BY: Petitioner or Petitioner's Attorney/Advocate

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed**