

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.

EMPLOYEE GRIEVANCE COMPLAINT

Case No. _____

Petitioner (Employee):

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

Enter the name, address, email and phone number of the employee.

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

Enter the name of the Area Manager that issued the Area Manager's decision. If you do not have an Area Manager, enter your Immediate Supervisor's name.

Respondent (Area Manager):

Area Manager	
Current Mailing Address	
Email Address	
City	State
Zip	Phone Number

EMPLOYEE GRIEVANCE COMPLAINT

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

- | | |
|--|---|
| <input type="checkbox"/> Written Warning | <input type="checkbox"/> Suspension (number of days _____) |
| <input type="checkbox"/> Termination | <input type="checkbox"/> 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. Did an Area Manager issue a decision on your case?

☐ **Yes** ☐ **No**

4. Provide the date you received the Area Manager's decision?

(Month / Day /Year): _____

5. Check the box below identifying how the Area Manager's decision was delivered to you?

☐ In person / hand delivered

☐ Email

☐ Mail

☐ Other (please describe): _____

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

Please explain what happened that you do not agree with.

☐ See attached for more information

7. Is new evidence, previously unavailable, that was not considered by the Area Manager being presented with this filing?

☐ **Yes** ☐ **No**

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

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 being introduced with this filing, this complaint will be remanded to the Area Manager for reconsideration.)

8. Please provide information addressing one 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:

Explain what should have happened but did not.

☐ See attached for more information

9. The above procedural irregularities were harmful to me because:

Explain how you were harmed because of what did not happen but should have.

☐ See attached for more information

10. 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

11. I have attached the following documents to this complaint (check all that apply):

- ☐ A copy of the Disciplinary Action Form
- ☐ A copy of my appeal to the Area Manager
- ☐ A copy of the Area Manager's decision

Dated this _____ day of _____, 20_____.

BY: Petitioner or Petitioner's Attorney/Advocate

Signature

Printed

Revised: 8/20/2020, 1/12/2022, 2/11/2022, 10/01/24