

PERSONNEL PROCEDURE 91 -1

Revised: October 15, 2007

**SUBJECT:** Grievance Procedures

**PURPOSE:** To standardize procedures under which City of Clarksville employees may file grievances, or seek redress for any employment practice which an employee may feel is discriminatory in nature.

**APPLICABILITY:** The procedures apply to all City of Clarksville employees, including full-time, part-time, probationary or seasonal. These procedures do not apply to employees seeking relief through other administrative or judicial procedures, including the Tennessee Human Rights Commission and the Equal Employment Opportunity Commission

- REFERENCES:**
- a. Sec. 1-1329, "Employee Grievance Policy, Clarksville City Code.
  - b. Sec 1-1303, Clarksville City Code; Equal Employment Opportunity.
  - c. Sec 4-21-101, et seq., Tennessee Code Annotated; The Tennessee Anti Discrimination Act (Fair Employment Practices Law).
  - d. Title VII, Civil Rights Act, 1964 as amended
  - e. Resolution 21-2007-2008, dated October 15, 2007

**POLICY STATEMENT:** Employees of the City of Clarksville shall be treated fairly in all aspects of their employment and shall have the right to present their grievances under the provisions of this procedure free of fear, restraint, interference, coercion, discrimination or reprisal. Any violation of this right will subject the violator to disciplinary action and shall be reported to the Human Resources Director for appropriate action. Likewise, the mere filing of a grievance by an employee will not reflect adversely on the supervisor.

**DEFINITIONS:**

**GRIEVANCE:** Any misunderstanding, disagreement or difference of opinion between employees and their supervisors pertaining to: some aspect of employment or employment conditions; relationship between an employee and supervisor; relationship with other employees; application or interpretation of regulations and policies; management's decisions regarding employee safety, physical facilities, equipment or material use; and other related items. Filing a grievance is a serious matter and should be undertaken only after all other attempts to arrive at a fair and equitable solution have failed.

**MATTERS NOT CONSIDERED A GRIEVANCE:**  
The following actions shall not be grievable under this policy: Matters related to pay, benefits, position classification, termination, promotions, demotions, transfer actions that affect any employee serving an initial probationary period, normal supervisory counseling, shift/post/overtime assignments, and reasonable work assignments outside those normally associated with the employee's assigned job classification as determined in the sole discretion of the employee's supervisor and layoff because of the abolishment of positions or reductions in force and performance evaluations are not considered grievable, unless the employee believes that such

actions were the result of discrimination based on the employee's race gender (sex), national origin, age, religion, or disability.

**SUPERVISOR:** Any employee who exercises direct supervisory authority over another employee or employees, normally the person with direct supervisory responsibility over the grievant.

**EMPLOYEE RELATIONS COMMITTEE:** A committee consisting of Five (5) members of which 3 will be primary members with 2 alternate members. The committee will be made up of Department Heads with at least one minority member and 2 City Council members. Members will be recommended by HR Director in an effort to mirror the diversity of the overall population of the City of Clarksville, and approved by the Mayor. The Employee Relations Committee will hear unresolved grievances and make recommendations to the Human Resources Director and Mayor.

**POLICY:** It shall be the policy of the City that a grievance will be resolved at the lowest organizational level, preferably at the level where the grievance originates. If it cannot be resolved, it will proceed through channels and within the guidelines of these procedures until a prompt and equitable resolution is found. The form at Appendix A will be utilized throughout the grievance process.

**DAYS:** Computed in accordance with Tennessee Rules of Civil Procedure. In computing any period of time prescribed or allowed by this policy, the date of the act, event, or default after which the designated period of time begins to run is not to be included. The last day of the period so computed shall be included unless it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day which is not one of the aforementioned days.

### **PROCEDURES:**

#### **STEP 1:**

The grievant should discuss the grievance informally with the immediate supervisor within 15 days of the first occurrence of the matter out of which the grievance occurred. The supervisor will conduct an informal investigation and obtain any advice necessary to determine the validity of the complaint. The supervisor will attempt to mediate the complaint and seek a solution which is acceptable to all parties. Within 7 days, the supervisor will make a written response to the grievant and the department head. For incidents of alleged discrimination by an immediate supervisor, the process described above should begin with a discussion between the grievant and an intermediate supervisor or the department head.

#### **STEP 2:**

If a satisfactory settlement is not reached at Step 1, the employee may, within 7 days from receipt of the response from the supervisor, submit the grievance to the next level of supervision. The grievance will be submitted in writing with a copy to the department head. Failure to respond within 7 days shall constitute dismissal of the grievance. The grievance should state times, dates, events and names of persons involved. If there is no intermediate level of supervision, at this stage the grievance will be filed with the department head. The department head will attempt to mediate the complaint and seek a solution which is acceptable to all parties. The intermediate supervisor or the department head has 7 days to investigate the grievance and make a written response to the grievant, with a copy to the Human Resources Director.

**STEP 3:**

If a satisfactory settlement is not reached, the grievant will file the grievance in writing to the Human Resources Director. Within 7 days, but no later than 10 days, the Human Resources Director will investigate the grievance and submit his findings and recommendations to the grievant, department head and the Mayor.

**STEP 4:**

If a satisfactory settlement is not reached, the grievant may request a hearing by filing a request, in writing, to the Human Resources Director, within 7 days. The Human Resources Director will coordinate a meeting of the Employee Relations Committee to conduct a hearing. If the grievance involves an employee in a department where one of the employee members of the Employee Relations Committee also works, the alternate employee member shall serve instead. At the conclusion of the hearing, the Employee Relations Committee will make a recommendation to the Mayor and Human Resources Director within 3 days.

The Mayor and the Human Resources Director will make a decision on the matter and notify the grievant, in writing, within 7 days, of the decision. This decision is final.

Nothing in these procedures will preclude the employee from filing a complaint directly with the Tennessee Commission on Human Rights or the Equal Employment Opportunity Commission (EEOC).

OFFICIAL DOCUMENT

APPROVED BY CITY COUNCIL JUNE 6, 1991

EFFECTIVE DATE: JULY 1, 1991

REVISED: AUGUST 3, 2006/EFFECTIVE JANUARY 1, 2007

REVISED: OCTOBER 15, 2007

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WILLIAM MCNUTT, HR DIRECTOR

**Appendix A  
City of Clarksville  
EMPLOYEE GRIEVANCE FORM**

FOR OFFICIAL USE ONLY	
Date Received by Unit/Department Grievance Contact:	Grievance Number Assigned by HR Director: Date Grievance Number Assigned:

**GRIEVANT INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Payroll Job Title: \_\_\_\_\_

Unit/Department: \_\_\_\_\_ Work Shift: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City State Zip

Home Phone: \_\_\_\_\_ (Area Code) Work Phone: \_\_\_\_\_ (Area Code)

Names of Witnesses who have first-hand knowledge of the events being grieved (if employee elects to present a witness or testimony from such a witness or witnesses):

**The complete original documents (All Pages/Responses) must be submitted at each step.** The complaint, adverse affect, and requested relief must be summarized, clearly stated, and legibly written or typed in the appropriate spaces below or on an attached separate page(s). If you describe the complaint, adverse affect, or requested relief on a separate attachment, write "see attachment" in each appropriate space below. Use reverse side if needed.

<p><b>Complaint:</b> Be specific. Include full name, date, place, rules, regulations, etc. Must not be in relation to an incident that has not yet occurred. Must not reference multiple employment-related matters or employment- related matters already addressed in grievance that you previously submitted.</p>
<p><b>Adverse Affect:</b> Explain how the action or issue adversely affected or interfered with an employment-related matter.</p>
<p><b>Requested Relief:</b> State the specific corrective action or relief that you are requesting. The corrective action or relief requested must be within the authority of the City to grant and must not include a request that another employee be disciplined.</p>

Instructions: Submit complete grievance form along with any supporting documentation to the unit/department grievance contact.

\_\_\_\_\_  
Grievant's Signature Date

## **Appendix A**

### **GRIEVANCE STEPS**

Step 1 – Submit to First Line Supervisor/Lowest Level Management that can resolve

Step 2 – Submit to Department Head (If Step 1 response is not acceptable)

Step 3 – Submit to HR Director (If Steps 1 & 2 responses are not acceptable)

Step 4 – Submit to Mayor (If Steps 1, 2, and 3 responses are not acceptable)

**Note – Step levels 1, 2 and 4 have 7 days to respond back; step 3 level has 10 days to respond.**

**Appendix A**  
**City of Clarksville**  
**EMPLOYEE GRIEVANCE FORM**  
**(Grievant Steps/Answers to Grievant)**

Step \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Grievance Received: \_\_\_\_\_

Step \_\_\_\_\_ Grievance Meeting Date: \_\_\_\_\_  
(if applicable; meeting is not required)

**RESPONSE (Within 7 days of receipt):**

Step \_\_\_\_\_ Responding Authority's Signature

Date

If you reject this response, the Step \_\_\_\_\_ Responding Authority will be:

Verification of Grievant's Receipt of Response

Name and Title

Certified Mail Receipt No. or  
Grievant's Signature and Date

Mailing Address

City

State

Zip

**A. GRIEVANT'S ANSWER** (If you elect to reject the Step \_\_\_\_\_ response and proceed to Step \_\_\_\_\_ you must submit the complete original Employee Grievance form, with any supporting documentation to the appropriate Step \_\_\_\_\_ Responding Authority identified in the Step \_\_\_\_\_ Response. Your answer must be submitted within 7 days after receiving the Step \_\_\_\_\_ response. Your answer must not include the addition of new issues that are not directly related to the initial complaint.):

I am rejecting the Step \_\_\_\_\_ response. My reasons are listed below:

Grievant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

