

RESOLUTION 121

STATE OF WISCONSIN

TOWN OF MENTOR

CLARK COUNTY

A RESOLUTION FOR EMPLOYEE GRIEVANCE PROCEDURE

Whereas s. 66.0509(1m), Wis. Stat. requires local governmental units to adopt an employee grievance procedure;

Whereas the Town of Mentor, Clark County, Wisconsin has thoughtfully considered this requirement and prepared an employee grievance procedure that contains the require elements;

Now, therefore be it resolved, that the town board of the Town of Mentor, Clark County, Wisconsin adopts the attached employee grievance procedure pursuant to s. 66.0509(1m), Wis. Stat.

Adopted this 10th day of April, 2012

By the Town Board:

Bryan Krumholz
Paul Gibson
Robert L. Dobson

Attested by

Town Clerk:

Linda Raffe

GRIEVANCE PROCEDURE FOR THE TOWN OF MENTOR

DISCIPLINE AND GRIEVANCE PROCEDURE

DISCIPLINE. Discipline may result when an employee's actions do not conform with generally accepted standards of good behavior. When an employee violates a policy or rule, when an employee's performance is not acceptable, or when the employee's conduct is detrimental to the interest of Town of Mentor. Disciplinary action may call for any of the four steps – verbal warning, written warning, suspension (with or without pay) or termination of employment - - depending on the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed. Certain types of employee problems are serious enough to justify either a suspension or termination of employment without going through progressive discipline steps. The Town of Mentor reserves the right, in its sole discretion, to impose disciplinary action as may be appropriate to the particular circumstance.

Grievances. This policy is intended to comply with Section 66.0509, Wis. Stats., and provides a grievance procedure addressing issues concerning workplace safety, discipline and termination. This policy applies to all employees covered under Section 66.0509, Wis. Stats., other than police and fire employees subject to Section 62.13(5), Wis. Stats. An employee may appeal any level of discipline under this grievance procedure. For purposes of this policy, "workplace safety" is defined as conditions of employment affecting an employee's physical health or safety, the safe operation of workplace equipment and tools, safety of the physical work environment, personal protective equipment, workplace violence, and training related to same.

Employees should first discuss complaints or questions with their Town Board. Every reasonable effort should be made by Town Board and employees to resolve any questions, problems or misunderstandings that have arisen before filing a grievance.

1. Step 1 – Written Grievance Filed with The Town of Mentor. The employee must prepare and file a written grievance with The Town of Mentor Board within five (5) business days of when the employee knows or should have known, of the events giving rise to the grievance. The written grievance must contain the name and position of the employee filing it, a statement of the grievance, the issue involved, the relief sought, the date the event giving rise to the grievance took place the employee's steps to orally review the matter with the employee's supervisor and the employee's signature and the date. The Town of Mentor Board or his/her designee will investigate the facts giving rise to the grievance and inform the employee of his or her decision, if possible within ten (10) days of receipt of the grievance. In the event the grievance involves The Town of Mentor Board, the grievance shall be filed with the Towns Attorney or his/her designee shall conduct the Step 1 investigation.

2. Step 2 – Impartial hearing Officer. If the grievance is not settled at first step, the employee may request in writing, within five (5) business days following receipt of The Town of Mentor Board decision, a request for written review by an impartial hearing officer. The Town of Mentor Board shall select the impartial hearing officer shall not be a Town employee. The impartial hearing officer will determine whether the Town Board acted in an arbitrary and capricious manner. In all cases, the grievant shall have the burden of proof to support the grievance. This process does not involve a hearing before a court of law; thus, the rules of evidence will not be followed. Depending on the issue involved, the impartial hearing officer will determine whether a hearing is necessary, or whether the case may be decided based on a submission of written documents. The impartial hearing officer shall prepare a written decision.
3. Step 3 – Review by Governing Body. If the grievance is not resolved after Step 2, the employee or the Town Board shall request within five (5) business days of receipt of the written decision from the hearing officer a written review by the Governing Body. The Employee appeal shall be filed with the Town Board. The Town Board shall not take testimony or evidence; it may only determine whether the hearing officer reached an arbitrary or incorrect result based on a review of the record before the hearing officer. The matter will be scheduled for the Town Board next regular meeting. The Town Board will inform the employee of its findings and decision in writing within ten (10) business days of the Town Board meeting. The Town Board shall decide the matter by majority vote and this decision shall be final and binding.

If the employee fails to meet the deadlines set forth above, the grievance will be considered resolved.

Town of Mentor, Clark County Employee Grievance Form

Employee Name: _____

Job Title: _____

Employee Contract Information :(provides phone number, mailing address, etc.)

Grievance Level (check one) (Step 1) Meeting with Town Board ☐

(Step 2) Request for Impartial Hearing ☐

(Step 3) Appeal to Town Board ☐

This section to be completed for Step 1 only: Describe the grievance: state all relevant facts, including time, place of incident being grieved, name of person involved, steps taken to informally resolve the grievance, etc. Attach additional sheets if needed.

Additional sheets attached _____

Describe relief sought: _____

Employee's Signature

Date Submitted

For office use only:

Date received: _____

Clerk's initials: _____