

## COMPLAINT/ RESPONSE

**SECTION I – COMPLAINT INFORMATION:** Your complaint must be submitted to the Commission Secretary, along with any written documentation you consider appropriate, within 7 calendar days of the incident which is the basis of your complaint. If your complaint involves a disciplinary action, the complaint must be filed within the earlier of (i) seven (7) calendar days of your receipt; or (ii) ten (10) calendar days of the County and/or District’s deposit in the mail; or written notice of the disciplinary action taken against you. If the disciplinary action involves a disciplinary suspension without pay, involuntary demotion or dismissal. **DO NOT USE THIS FORM.** Instead, you should use the HCCS Form 2 to file a grievance with the Commission on disciplinary suspensions without pay, involuntary demotions or dismissals.

<i>Name and Address of Employee Filing Complaint</i>	<i>Social Security Number</i> XXX-XX-	<i>Date of Incident</i>
	<i>Telephone Number (s)</i> Home:	
<i>County and/or District Department where employed</i>	Office: Cell:	
<i>Name and Address of Employee Representative (if applicable)</i>	<i>Telephone Number (s)</i> Office: Cell: Fax:	

**SUMMARY OF COMPLAINT, INCLUDING SPECIFIC COMMISSION RULE OR RULES VIOLATED:** (Use extra sheets of paper if necessary to fully explain your complaint).

I request an  open  closed (check one box) hearing.

**REMEDIAL ACTION REQUESTED:** (Use extra sheets of paper if necessary to fully explain the relief you seek).

\_\_\_\_\_  
 Signature – Employee

\_\_\_\_\_  
 Date

## ELECTED OFFICIAL/DEPARTMENT HEAD RESPONSE

**SECTION II – ELECTED OFFICIAL DEPARTMENT HEAD REVIEW:** The Elected Official/Department Head meets with the employee to discuss the complaint; gathers information; enters a response below and meets with the employee to discuss the response – all generally within 14 calendar days after the Elected Official/Department Head receives the employee’s complaint from the Commission Secretary. The Elected Official/Department Head records his or her response to the employee’s complaint on the original of this HCCS Form – 1 and returns the original, signed form, to the Commission Secretary.

<i>Name and Address of Elected Official/Department Head</i>	<i>Date Complaint Received from Commission Secretary</i>	<i>Date of EO’s/Dept Head’s Review Decision</i>
<i>Name and Address of Elected Official/ Dept. Head Representative (if applicable)</i>	<i>Telephone Number</i>	
	<i>Office:</i>	
	<i>Cell:</i>	
	<i>Fax:</i>	

**SUMMARY OF ELECTED OFFICIAL’S/DEPARTMENT HEAD’S RESPONSE:** (Use extra sheets of paper if necessary to fully explain your decision).

\_\_\_\_\_  
Signature – Elected Official/Department Head                      Date

## EMPLOYEE RESPONSE TO SECTION II

**SECTION II (CONTINUED) EMPLOYEE RESPONSE:** The employee either accepts or appeals the above response of the Elected Official/Department Head by checking the appropriate box, signing this form, and returning the original of this form to the Commission Secretary within the earlier of: (i) seven (7) calendar days of the employee's receipt, or (ii) ten (10) calendar days of the deposit in the mail; of the Elected Official's/Department Head's decision from the Commission Secretary. Failure to return the completed form is presumed to be an acceptance of the Elected Official's /Department Head's decision.

**I accept the response.**

**I appeal the response and if the Commission grants me a hearing, I want the hearing to be:**

**OPEN**  **CLOSED (Check one box) to the public.**

**PLEASE LIST IN THE COMMENTS ANY SPECIAL ACCOMODATIONS YOU REQUIRE IF A HEARING IS GRANTED, SUCH AS AN INTERPRETER.**

**COMMENTS:** (Use extra sheets of paper if necessary to fully explain your comments.)

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Signature – Employee

Date