

Policy: AD-06-10
Policy Title: Grievance Procedure
Policy Purpose: Set forth guidelines and procedures for addressing grievances.
Implementation Date: 7/24/2006
Revision Date: N/A

TOWN OF WESTFIELD PUBLIC WORKS DEPARTMENT GRIEVANCE PROCEDURE

The purpose of this policy is to set forth guidelines and procedures to be followed when addressing grievances within the department.

A. Definition

A grievance is defined as any dispute concerning the application of the Department rules and regulations governing personnel practices or working conditions over which the Department has jurisdiction.

B. Expectations

Satisfactory working relationships depend on communication and understanding among people. Good relationships are easier to achieve when people feel that their problems and opinions can be discussed in a direct and open manner. An open atmosphere is desirable in all areas of the Department.

C. The Grievance Procedure for Westfield Public Works Employees shall be as follows:

1. Step 1- Informal Discussion. The grievant shall discuss his/her grievance with his/her immediate supervisor on an informal basis in an effort to resolve the grievance. If it is not presented to the immediate supervisor within ten (10) calendar days following the day the grievable incident occurred, it shall be considered waived. The immediate supervisor shall respond either orally or in writing within five (5) calendar days following his/her meeting with the grievant.
2. Step 2 - Director/Department Head. If the grievance is not settled at Step 1, the grievant may within seven (7) calendar days of his/her receipt of the oral grievance response reduce the grievance to writing and submit it to the Director/Department Head.

The Director/Department Head, after meeting with the grievant, shall render to the grievant and his/her representative, if any, a

written response within fifteen (15) calendar days of the receipt of the **Grievance Initiation Form**.

3. Step 3 – Town Manager. If the grievance is not settled at Step 2, the grievant may within seven (7) calendar days of his/her receipt of the written grievance response file a written appeal with the Town Manager through the Director/Department Head.

The Town Manager or his/her designee, after meeting with the grievant, shall render to the grievant and his/her representative, if any, a written response within (15) calendar days of the **Grievance Appeal Form**

4. Step 4 – Town Council. If the grievance is not settled at Step 3, the grievant may within seven (7) calendar days file a written appeal with the Town Council President. The Town Council President shall investigate the merits of the grievance. The investigation may include a hearing at which the Town Council President or his/her designee will act as a Hearing Officer and receive oral and/or written arguments on the merits of the grievance.

The Hearing Officer shall prepare a written report containing the recommended response to the grievant for submission to the Town Council. The Town Council, if in agreement with the recommendations, will adopt the recommendations. The Town Council shall reserve the right to modify the Hearing Officer's recommendations as it deems necessary. Once the recommendations have been adopted by the Town Council, the Town Manager shall mail to the grievant and his/her representative, if any, a copy of the recommendations within thirty (30) calendar days following its approval. This decision shall be final and binding.



Bruce A. Hauk, Director
Westfield Public Works



WESTFIELD PUBLIC WORKS GRIEVANCE INITIATION FORM

INSTRUCTIONS: Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (s) (If more than two, attach typed list)	Filing Date of Grievance
Division	
Has the grievance been discussed with your Immediate Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of discussion
Name of Immediate Supervisor	Title

What is the action or situation about which you have a grievance? (Be specific as to names and locations)

What do you think should be done about it?

What was Supervisor's Response?

Date response was given:

What Town/Department Rule or policy do you think has been violated?

Town Policy/Procedure	Departmental Rule/Policy	Date of Grievable Incident
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What other person, besides yourself, do you want notified of any hearings held or actions taken on this grievance?

Name Mailing Address

His/Her role in grievance:

Grievant's Signature(s):	Date
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Received by: _____

Immediate Supervisors Signature: _____

Date: _____



WESTFIELD PUBLIC WORKS GRIEVANCE APPEAL FORM

INSTRUCTIONS: Complete form and distribute in accordance with prescribed departmental procedures.

Grievant's Name (s) (If more than two, attach typed list)		Filing Date of Grievance
Division		
1. I wish to appeal the Grievance Response signed by:	Title	Date
1a. Level to which grievance is being appealed:		
Step 2- Director/Department Head <input type="checkbox"/>	Signature	
Step 3- Town Manager <input type="checkbox"/>		
Step 4- Town Council <input type="checkbox"/>	Title	

Reason for Appeal:

Grievant's Signature

Date

Received by Immediate Supervisor

Date