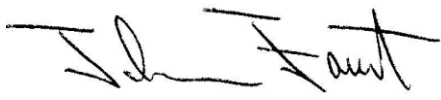
	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 1 of 10
	POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
			OPI:	HRM	
			REVIEW DATE:	August 10, 2017	
			Approving Authority	Thomas Faust Director	
SUBJECT:		EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)			
NUMBER:		3320.2C			
Attachments:		Attachments 1-4			

SUMMARY OF CHANGES:

Section	Change
PP 3320.2B	<i>No Changes Were Made.</i>

APPROVED:



Thomas Faust, Director

8/10/2016

Date Signed

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 2 of 10
POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
		REVIEW DATE:	August 10, 2017	
SUBJECT:	EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)			
NUMBER:	3320.2C			
Attachments:	Attachments 1-4			

1. **PURPOSE AND SCOPE.** To establish grievance procedures for non-union employees of the D.C. Department of Corrections (DOC).
2. **POLICY.** DOC supervisors and managers shall make every effort to resolve complaints and/or employee dissatisfactions without having to resort to grievance procedures. However, when these efforts fail, employees shall be afforded the opportunity to present their grievances in a manner which will ensure full, impartial and prompt consideration and further assure employees freedom from restraint, coercion, interference, discrimination or reprisals.
3. **APPLICABILITY.** These procedures apply to all employees, except those who are covered by a collective bargaining agreement which provides for a grievance or appeal procedure.
4. **PROGRAM OBJECTIVES.** The expected results of this program are:
 - a. All grievances filed by employees shall be presented orally or in writing.
 - b. DOC employees are assured freedom from restraint, coercion, interference discrimination or reprisal.
 - c. Employees have the right to be accompanied, represented, and advised by a representative of his/her choice.
 - d. Employees are authorized a reasonable amount of official time to orally present/file a grievance, if he/she is in an official duty status. The amount of time to present/file the grievance shall not exceed four (4) hours.
5. **DIRECTIVES AFFECTED**
 - a. **Directives Rescinded**
 - 1) PP 3320.2B Employee Grievance Procedure (03/26/14)
 - b. **Directives Referenced**
 - 1) PP 3300.1 Employee Code of Ethics and Conduct

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 3 of 10
POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
		REVIEW DATE:	August 10, 2017	
SUBJECT:	EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)			
NUMBER:	3320.2C			
Attachments:	Attachments 1-4			

6. **AUTHORITY**

- a. D.C. Code § 24-211.02, Powers; Promulgation of rules.
- b. D.C. Code § 2-501, et seq., Administrative Procedures Act.
- c. D.C. Code § 2-1401.1, et seq., Human Rights Act.
- d. D.C. Code § 1-606.3, Appeal Procedures
- e. District Personnel Manual, Chapter 14, Performance Management
- f. District Personnel Manual, Chapter 16, Corrective and Adverse Actions; Enforced Leave, and Grievances
- g. District Personnel Manual, Chapter 18, Employee Conduct

7. **STANDARDS REFERENCED.** None

8. **DEFINITIONS**

- a. *Grievance.* Any matter under the control of the District Government which impairs or adversely affects the interest, concern, or welfare of employees except:
 - 1) A requirement of law, or of rules or regulations established under the D.C. Administrative Procedures Act;
 - 2) Any other matter which the Department does not have the power or authority to provide the remedy sought or an equivalent remedy;
 - 3) An allegation of unlawful discrimination, or any other matter within the jurisdiction of the D.C. Office of Human Rights;
 - 4) A final Department decision which, pursuant to D.C. Code §1-606.3, may be appealed to the Office of Employee Appeals (OEA), (this includes performance ratings that result in removal of an employee, an adverse action for cause that results in removal, reduction in force, reduction in grade, placement on enforced leave, or suspension for ten (10) days or more) the Petition For Appeal Form (Attachment 1);

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 4 of 10
POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
		REVIEW DATE:	August 10, 2017	
SUBJECT:	EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)			
NUMBER:	3320.2C			
Attachments:	Attachments 1-4			

- 5) Non-selection for promotion from a group of candidates who were properly ranked and certified;
 - 6) Non-adoption of a suggestion, or disapproval of a quality step increase, performance award, or other kind of honorary or discretionary award; or
 - 7) Rating factors, written comments, or other items which are parts of a performance appraisal made under the provisions of Chapter 14 of the D.C. Personnel Manual, which items may instead be relevant to an appeal (also under Chapter 14) of the rating level assigned.
- b. *Deciding Official.* The Director or any official designated by the Director who is at a higher administrative level than the official who denied the grievance under the informal grievance procedure and render the final decision.
 - c. *Administrative Level.* That level in the chain-of-command at which grievances are presented and administratively processed, they are:
 - 1) Office/Service level - by the Office Chief/Supervisor,
 - 2) Institution level - by the Warden,
 - 3) Deputy Director,
 - 4) Director.

9. TIME LIMITS FOR PRESENTING OR FILING A GRIEVANCES

- a. An employee may present a grievance concerning a continuing practice or condition at any time.
- b. An employee must present or file a grievance concerning a particular act or occurrence within forty-five (45) business days after the date that he or she knew or should have known of the act or the occurrence. The Department may extend this time limit for good cause shown by the employee.
- c. A grievance may be presented or filed at the lowest administrative level which has the authority to grant the remedy or relief sought. However, in all cases, the final decision shall be rendered or issued in writing, as appropriate, by officials indicated below:
 - 1) Office/Service level - by the Office Chief/Supervisor,

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 5 of 10
POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
		REVIEW DATE:	August 10, 2017	
SUBJECT:	EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)			
NUMBER:	3320.2C			
Attachments:	Attachments 1-4			

- 2) Institution level - by the Warden,
- 3) Deputy Director,
- 4) Director.

10. **THE GRIEVANCE PROCEDURE.** The grievance is processed in two steps. All grievances shall be processed under Step 1 and Step 2, when applicable, before proceeding to the formal grievance procedure.

- a. The Informal Grievance shall be governed by the following provisions:
 - b. Step 1. An informal grievance may be presented to an employee's immediate supervisor or supervisor at the lowest administrative level which has authority to grant relief sought.
 - 1) The informal grievance may be presented either orally or filed in writing, including a detailed explanation of the employee's dissatisfaction and the relief or remedy sought. If the grievance is presented in writing, employees must submit their grievance on the Informal Employee Grievance Form (Attachment 2).
 - 2) If the informal grievance is presented orally, or received in writing at the Office/Service level, a decision shall be rendered as quickly as possible, but no later than five (5) business days from the date on which the grievance was received.
 - 3) If the informal grievance is presented orally, or received in writing at Institution level, a decision shall be rendered or issued no later than ten (10) business days from the date on which the grievance is received.
 - 4) In all informal grievances filed orally or in writing, the decision shall be issued in writing.
 - 5) If within the time period prescribed a decision has not been rendered or the remedy or relief sought has been denied in part or totally, the grievant may, within five (5) calendar days proceed to Step 2.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 6 of 10
POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
		REVIEW DATE:	August 10, 2017	
SUBJECT:	EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)			
NUMBER:	3320.2C			
Attachments:	Attachments 1-4			

11. **THE FORMAL GRIEVANCE PROCEDURE – DEPUTY DIRECTOR.** The formal grievance shall be governed by the following provisions:

- a. An employee shall be entitled to present a grievance under the formal procedure as follows:
 - 1) If the employee has not received a decision under the informal grievance procedure within the specified time or if the employee has been denied the relief sought under the informal grievance procedure, the employee may proceed to Step 2.
- b. Step 2. The formal grievance shall be presented in writing and must include a detailed explanation of the employee's dissatisfaction and the relief or remedy sought utilizing the Formal Employee Grievance Form (Attachment 3) and must contain sufficient detail and clarify the basis for the grievance and specify the relief requested.
 - 1) The Deputy Director shall advise the employee in writing of his/her findings within twenty-one (21) days calendar days of receipt of the grievance. If the decision results in the requested relief or remedy being denied, the employee shall be advised of his/her right to submit the grievance to the Director within five (5) calendar days from the date of receipt of the notification.
 - 2) The employee may file the formal grievance within five (5) calendar days after expiration of the time for decision or receipt of notification of denial of the relief or remedy sought at the Deputy Director Level.

12. **THE FORMAL GRIEVANCE PROCEDURE- DIRECTOR.** The formal grievance shall be governed by the following provisions:

- a. An employee shall be entitled to present a grievance under the formal procedure as follows:
 - 1) If the employee has not received a decision under the Formal Grievance Procedure-Deputy Director level within the specified time, or the employee has been denied the relief sought under the formal grievance procedure contained herein, the employee may proceed to the Director's level.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 7 of 10
POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
		REVIEW DATE:	August 10, 2017	
SUBJECT:	EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)			
NUMBER:	3320.2C			
Attachments:	Attachments 1-4			

- 2) The employee must file the formal grievance within five (5) calendar days after expiration of the time for decision or receipt of notification of denial of the relief or remedy sought at the Deputy Director Level.
- b. The formal grievance shall be in writing utilizing Formal Employee Grievance Form (Attachment 3), contain sufficient detail, and clarify the basis for the grievance and specify the relief requested.
 - c. The Director shall inform the employee in writing of the reasons relief has been approved or denied in whole or in part. If the grievance is denied, the Director shall inform the employee of his or her right of appeal to the OEA in accordance with regulations stated in the Petition For Appeal Form (Attachment 1) issued by OEA.
 - d. The decision on the formal grievance must be issued no more than twenty-one (21) calendar days from the date the formal grievance was received. Failure to issue the decision within such period shall constitute a denial, and an appeal may thereafter be filed with the OEA.
 - e. When the Director issues a decision to an employee on a matter appealable to OEA he/she shall provide the employee:
 - 1) Notice of the time limits for appealing to OEA and the address for filing the appeal;
 - 2) A copy of OEA Rules and Regulations as contained part of (Attachment 1) upon request;
 - 3) A copy of OEA Appeal Form (Attachment 1);
 - 4) Notice of any applicable rights to a grievance procedure; and
 - 5) A notice that there is a right to a lawyer or representative.
13. **FILING APPEALS WITH THE OFFICE OF EMPLOYEE APPEALS (OEA).** DOC employees are to follow these instructions carefully when filing an appeal through the Office of Employee Appeals in accordance with D.C. Code § 1-606.03.
- a. Appeals must be filed within thirty (30) days of the effective date of the appealed agency action.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 8 of 10
POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
		REVIEW DATE:	August 10, 2017	
SUBJECT:	EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)			
NUMBER:	3320.2C			
Attachments:	Attachments 1-4			

- b. Employees that belong to a union may be covered by a collective bargaining agreement that affects their ability to file an appeal through OEA. In the event the employee is not covered through the union, the employee may file an appeal with the office of OEA if requesting an Administrative Judge to determine whether OEA has jurisdiction.
- c. Employees will need to provide personal information that is necessary for OEA to process the appeal.
- d. The written decisions and orders issued by OEA are available to the public under the District of Columbia Freedom of Information Act. All information submitted to OEA shall become part of the record in the employee's case.
- e. Employees must file two (2) copies of the OEA Petition for Appeal Form (Attachment 1). Forms may be filed in person, Monday through Friday between the hours of 9:00 a.m. and 5:30 p.m. (except on District Government holidays); or by mail at the address note below:

**Office of Employee Appeals
1100 4th Street, SW, Suite 620E
Washington, DC 20024**

14. **DISMISSAL OF GRIEVANCE.** The Department may dismiss a grievance in the following instances:
- a. At the employee's written request;
 - b. Upon separation of the employee's employment with the Department, unless the personal relief sought may be granted after termination of employment;
 - c. Upon the death of the employee or former employee, unless the grievance involves a question of compensating or;
 - d. For failure to cooperate, if the employee does not furnish reasonable required information or duly proceed with the advancement of his/her grievance.

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 9 of 10
POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
		REVIEW DATE:	August 10, 2017	
SUBJECT:	EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)			
NUMBER:	3320.2C			
Attachments:	Attachments 1-4			

15. **REJECTION OF GRIEVANCE.** A grievance may not be rejected under the informal procedures for any reason. If the grievance is not submitted timely or consists of a matter not covered under the grievance procedures, the employee shall be so advised; but he/she must be allowed to submit his/her grievance under the formal procedure if he/she insists.

16. **EMPLOYEE RESPONSIBILITY**

- a. An employee must comply with the procedures of the grievance regulations.
- b. Employees shall not knowingly make false or unfounded charges in presenting grievances, as unwarranted attacks tend to undermine the morale and efficiency of the department. If the person hearing the complaint has reason to believe that the employee is knowingly making false and damaging statements, he/she should advise the employee that if his/her statements are found to be intentionally false and damaging, he/she may be subject to disciplinary action in accordance *with PS 3300.1, Employee Code of Ethics and Conduct.*
- c. If any witness is also an employee of the District Government and there are reasons to believe that he/she is making unfounded statements, he/she should be similarly advised. If any witness is not an employee, he/she will be advised that any or all of his/her testimony, if unfounded, will be disregarded.

17. **RIGHT TO REPRESENTATION.** An employee may represent his/her own case; however, if he/she so desires, any person of his/her choice may accompany and represent him/her. An employee may change his/her representative, but when doing so, should notify his/her department in writing of such a change.

- a. *Right to Seek Advice and Guidance*
 - 1) The employee is entitled to seek advice on regulations governing Designation of Employee Representation governed by the servicing Office Of Employee Appeals (Attachment 4)
 - 2) The employee is entitled to seek advice and communicate with the Office of Human Rights, the Department EEO Officer or Counselor, or
 - a) A supervisor or management official of higher rank than the employee's immediate supervisor;

DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS		EFFECTIVE DATE:	August 10, 2016	Page 10 of 10
POLICY AND PROCEDURE		SUPERSEDES:	3320.2B March 26, 2014	
		REVIEW DATE:	August 10, 2017	
		SUBJECT:	EMPLOYEE GRIEVANCE PROCEDURE (NON-UNION)	
NUMBER:	3320.2C			
Attachments:	Attachments 1-4			

- b) A departmental official who may have been specifically designated to counsel employees on such matters; and
- c) His/her representative.

18. RECORDS AND REPORTS

- a. *Records.* Deciding officials shall maintain an accurate record of all grievances except those resolved under the informal procedures.
- b. *Destruction of Reports.* Any destruction of reports shall be done so in accordance to *PS 2000.2 Retention and Disposal of Department Records.*

19. **DISSEMINATION.** A copy of this Program Statement shall be permanently posted on all employee bulletin boards. In addition, a copy shall be made available to each employee upon request.

Attachments

- Attachment 1 – Petition For Appeal Form
- Attachment 2 – Informal Employee Grievance
- Attachment 3 – Formal Employee Grievance
- Attachment 4 – Designation of Employee Representation

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF EMPLOYEE APPEALS



REPLY TO
1100 4th Street, S.W.
East Building
Suite 620 East
Washington, DC 20024
(202) 727-0004
Fax: (202) 727-5631

PETITION FOR APPEAL FORM

IMPORTANT NOTICE

Two (2) signed copies of this form must be filed with
THE OFFICE OF EMPLOYEE APPEALS
1100 4th Street, SW (East Building)
Suite 620E
WASHINGTON, DC 20024
202-727-0004
(Fax) 202-727-5631

INSTRUCTIONS

1. Please follow these instructions carefully. Please type or print legibly. Failure to do so could result in a dismissal of your appeal. You are required to use this form to file a petition for appeal.
2. The types of action that may be appealed to this Office are found in D.C. Official Code §1-606.03(a) which states in pertinent part that: an employee may appeal a final agency decision (1) affecting a performance rating that results in removal of the employee; (2) an adverse action for cause that results in removal, a reduction in grade, a suspension for 10 days or more or placement on enforced leave for 10 days or more; or (3) a reduction-in-force.
3. **Adverse action appeals filed on or after October 1, 2011 shall be subject to mandatory mediation.**
4. If you belong to a union, you might be covered by a collective bargaining agreement that affects your ability to file an appeal with this Office. Nevertheless, you may file your appeal with this Office if you would like for an Administrative Judge to determine whether this Office has jurisdiction.
5. This form requires you to provide personal information that is necessary for this Office to process your appeal. Since filing this appeal is a voluntary action, you are not required to provide personal information. However, if you do not provide all information requested, your appeal may be dismissed without further action or review.
6. The written decisions and orders issued by this Office are available to the public under the Freedom of Information Act. All information submitted to the Office shall become part of the record in the employee's case. All records are considered property of this Office and the FOIA officer will determine whether any information contained within the record may be disclosed.
7. If we need to contact you, we will do so by regular mail sent via the United States Postal Service. If the correspondence is not returned to this Office, it is presumed received. **It is your responsibility to keep this Office informed of changes in address or telephone numbers. If you do not receive official notices because this Office does not have your current address, your appeal may be dismissed for failure to respond to the notice.**
8. **YOU MUST FILE TWO (2) COPIES OF THIS FORM:** Office of Employee Appeals, 1100 4th Street, SW (East Building), Suite 620E, Washington, DC 20024. BE CERTAIN TO SIGN THE FORM.

Employee's Last name, First name, and MI

9. NOTE: FAILURE TO COMPLY WITH THIS OFFICE'S RULES AND REGULATIONS MAY RESULT IN THE DISMISSAL OF YOUR APPEAL.
10. You may file this form: (1) in person, Monday through Friday between the hours of 9:00am and 5:30pm (except on District Government holidays); or (2) by mail at the address noted above.
11. If you are appealing a RIF, complete sections A, B, D and E. For appeals of adverse actions, complete sections A, B and C. Be sure to file your appeal within the timeframe stipulated in the notice you received. Attach copies of any correspondence that you received from the Agency pertaining to your appeal. In any event, file your petition for appeal within thirty (30) calendar days of the effective date of agency's action.

Employee's Last name, First name, and MI

SECTION A: PERSONAL INFORMATION

(This section must be completed)

- 1. TITLE: Mr. Ms. Mrs. Miss Dr. (Circle one)
- 2. LAST NAME: _____
- 3. FIRST NAME: _____
- 4. STREET ADDRESS: _____

- 5. CITY/STATE/ZIP CODE: _____
- 6. PHONE NUMBER(S)/CONTACT INFORMATION:
 - (Home): _____
 - (Work): _____
 - (Cell): _____
 - (Email): _____

THIS BOX FOR OEA USE ONLY
DATE OF RECEIPT
POSTMARK DATE
OEA MATTER NUMBER

SECTION B: YOUR EMPLOYMENT HISTORY

(This section must be completed)

- 7. A. NAME OF AGENCY: _____
- B. ADDRESS OF AGENCY: _____
- 8. A. WHAT IS YOUR POSITION TITLE: _____
- B. HOW LONG HAVE YOU HELD THIS POSITION? _____
- 9. WHAT IS YOUR GRADE/STEP/SALARY? _____
- 10. HOW LONG HAVE YOU HAD THIS GRADE/STEP/SALARY? _____
- 11. HOW LONG HAVE YOU WORKED FOR THE GOVERNMENT?
 District Government: _____ Federal Government: _____
- 12. WHAT TYPE OF SERVICE DO YOU HAVE? (Circle one)
 CAREER EXCEPTED EDUCATIONAL DON'T KNOW
 OTHER: _____

Employee's Last name, First name, and MI

13. WHAT TYPE OF APPOINTMENT DO YOU HAVE? (Circle one)

PERMANENT TERM TEMPORARY PROBATIONARY

DON'T KNOW OTHER: _____

SECTION C: AGENCY ACTION

(If you are appealing a Reduction-in-Force ("RIF"), go to page 5)

14. Briefly describe the action you want to appeal. Why do you think the Agency was wrong in taking this action?
You may attach continuation sheets, as well as any relevant documents, memos, letters, forms, etc.

15. When did the Agency propose taking this action (month, date, year)? _____

16. Did the Agency hold a hearing? ____ Yes ____ No If "Yes" when? _____

17. When did you receive written notice of the final decision (month, date, year)? _____
(Attach a copy of the proposed notice and the final decision letter)

18. What was the effective date of the Agency's action? _____

19. What relief are you seeking, i.e., what do you want this Office to do?

20. At the time of the Agency's action, were you a member of a collective bargaining unit (union)?
____ Yes ____ No If "Yes", which unit? : _____

21. At the time of the Agency's action, were you serving a probationary or trial period with the Agency?
____ Yes ____ No

Employee's Last name, First name, and MI

SECTION D: REDUCTION-IN-FORCE (RIF)

Complete this page only if you are appealing from a Reduction-In-Force ("RIF"). Your Agency's personnel office can furnish you with most of the information requested below.

22. Your Tenure Group: _____

23. Your Service Computation Date: _____

24. What was the month/date/year of the RIF notice? _____

25. What month/date/year was the RIF effective? _____

26. Were you offered another position? Yes No

 If "Yes", did you accept the position? Yes No

27. If you were offered another position and you accepted the position, please complete the following information:

A. Title of position you were offered: _____

B. Grade and Salary of position you were offered: _____

C. Location of position you were offered: _____

D. Type of Service you were offered: (circle one)

CAREER EXCEPTED EDUCATIONAL MSS DON'T KNOW

OTHER: _____

E. Type of Appointment you were offered: (circle one)

PERMANENT TERM TEMPORARY PROBATIONARY DON'T KNOW

OTHER: _____

28. Explain why you believe that your position should not have been abolished. For example, were you placed in the wrong tenure group? Was an error made in the computation of your service computation date? Was the competitive level too narrow? The foregoing are just examples. Please provide as much information as possible as to why the Agency made a mistake. You may write on the back of this page, attach continuation sheets, as well as any relevant document, memo(s), letters, and forms, etc.

Employee's Last name, First name, and MI

SECTION E: OTHER

This section must be completed for all appeals.

(You must sign this form in the space below)

29. Have you filed an appeal, grievance, or complaint with your Agency or with any other Agency concerning this matter?

____ Yes ____ No

If you answered "Yes," when and where did you file? _____

If you answered "Yes," has a decision been issued? ____ Yes ____ No

If a decision was issued, when was it issued (date)? _____

If a decision was issued, who issued the decision? _____

30. Have you filed a discrimination complaint or a complaint of unfair labor practice with your Agency or any other Agency regarding this matter?

____ Yes ____ No

If you answered "Yes," when and where did you file? _____

If you answered "Yes," has a decision been issued? ____ Yes ____ No

If a decision was issued, when was it issued (date)? _____

If a decision was issued, who issued the decision? _____

EMPLOYEE'S SIGNATURE (DO NOT PRINT)

DATE



D.C. DEPARTMENT OF CORRECTIONS
Washington, D.C.

SOP 3220.2
Attachment 2

INFORMAL EMPLOYEE GRIEVANCE

<input type="checkbox"/> Informal Procedure		
Name of Grievant: (Last, First MI)	Grade	Position Title
Place of Duty (Institution, Office, etc.)	Phone Number	Duty Hours
Date-Time And Place Where Alleged Violation Occurred, Or		
Date On Which Grievant Became Knowledgeable Of Alleged Offense		
Manner In Which Alleged Violation Occurred:		
Specific Remedy Sought:		
Receipt Acknowledged	Grievant's Signature	Date Filed
ALL INFORMATION TO BE TYPED OR PRINTED		

- 1 Copy – Employee File
- 2 Employee Copy
- 3 Supervisor Copy



D.C. DEPARTMENT OF CORRECTIONS
Washington, D.C.

SOP 3220.2
Attachment 3

FORMAL EMPLOYEE GRIEVANCE

() Formal Procedure		
Name of Grievant: (Last, First MI)	Grade	Position Title
Place of Duty (Institution, Office, etc.)	Phone Number	Duty Hours
Date-Time And Place Where Alleged Violation Occurred, Or		
Date On Which Grievant Became Knowledgeable Of Alleged Offense		
Manner In Which Alleged Violation Occurred:		
Specific Remedy Sought:		
Receipt Acknowledged	Grievant's Signature	Date Filed
ALL INFORMATION TO BE TYPED OR PRINTED		

- 1 Copy – Employee File
- 2 Employee Copy
- 3 Supervisor Copy

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF EMPLOYEE APPEALS



REPLY TO
1100 4th Street, S.W.
East Building
Suite 620 East
Washington, DC 20024
(202) 727-0004
Fax: (202) 727-5631

DESIGNATION OF EMPLOYEE REPRESENTATIVE

You are entitled to be represented in this appeal by the individual or organization of your choice, unless your choice results in a conflict of interest for the person or organization chosen.

This office does not designate a representative for you. You must choose your own representative. If you decide to appoint a representative, make sure that your representative is able to proceed on your behalf so that a timely decision can be issued.

As a general rule, continuances or extensions of time will not be granted to allow you to obtain a representative.

A representative may assist and counsel you in the preparation and presentation of your appeal. Your representative may appear with you or for you at hearings or other proceedings before this Office.

When you designate a representative, you give this Office your permission to disclose all information concerning your appeal to your representative.

Once you identify your representative, this Office will only communicate with your representative regarding your appeal.

If you do not complete and return this form, or similar statements in writing, this Office will not release information or permit your representative to represent you in your appeal.

EMPLOYEE MUST COMPLETE THIS SECTION AND SIGN BELOW

I hereby designate the individual or organization named below to represent me in connection with my appeal before the Office of Employee Appeals, and to receive all information concerning my appeal from the Office and the other parties to the appeal.

I recognize that even though I have a representative, I am still personally responsible for prosecuting my appeal in a timely manner.

I understand that this designation may be canceled by me, or the individual or organization that I have designated, and that I am responsible for notifying the Office and other parties in writing of that cancellation.

Name of Appellant: _____ OEA Docket No: _____

Name of Representative Area Code and Telephone Number

Address City, State Zip Code

Signature of Employee Date