

GREIVANCE REVIEW HEARING PROCEDURE

1. CONVENE THE GREIVANCE REVIEW COMMITTEE WILL BE COMPRISED OF THREE EMPLOYEES AND ARE AS FOLLOWS:
 - 1) PROGRAM DIRECTOR
 - 2) SUPERVISORY STATUS
 - 3) NON-SUPERVISORY STATUS
2. ROBERT'S RULES OF ORDER SHALL BE THE RULES FOR THE GREIVANCE REVIEW HEARING PROCEDURE.
3. THE GRIEVANCE REVIEW COMMITTEE WILL SELECT A CHAIRMAN FROM ITS OWN COMPOSITION.
4. THE CHAIRMAN WILL CHAIR THE GRIEVANCE HEARING, AND THE TWO REMAINING MEMBERS WILL TAKE NOTES.
5. THE BURDEN OF PROOF LAY ON THE DIRECTOR/SUPERVISOR. THE REVIEW COMMITTEE SHALL HEAR FROM THE GREIVANT'S SUPERVISOR AND PROGRAM DIRECTOR, THE REVIEW COMMITTEE MAY ASK PERTINENT QUESTIONS IN REFERENCE TO THE GRIEVANCE ONLY.
6. IN TURN, THE GREIVANT, AND REPRESENTATIVE IF ANY, SHALL BE HEARD ON HIS/HER INFRACTIONS WHICH PROMPTED THE COURSE OF ACTION. LIKEWISE, THE REVIEW COMMITTEE MAY ASK PERTINENT QUESTIONS IN REFERENCE TO THE GRIEVANCE ONLY. NOTE: THE LEGISLATURES ARE THE EXCEPTION OF THOSE WHO CAN NOT REPRESENT AN EMPLOYEE.
7. UPON HEARING THE ISSUES AND ASKING QUESTIONS OF ALL (GRIEVANT SUPERVISOR, AND DIRECTOR) CONCERNED, THE HEARING REVIEW COMMITTEE WILL GO INTO AN EXECUTIVE SESSION TO DISCUSS THE GRIEVANCE WHEREUPON A FAIR AND IMPARTIAL RECOMMENDATION WILL BE AGREED UPON BY A MAJORITY VOTE. THE REVIEW COMMITTEE MAY OR MAY NOT MAKE RECOMMENDATIONS ON THE SAME DAY BUT MUST HAVE THE COURSE OF ACTION IN PLACE WITHIN THE THREE (3) WORKING DAYS.
8. THE REVIEW COMMITTEE MAY VOTE TO UPHOLD OR REVERSE THE ACTION OF THE SUPERVISOR. IN ANY CASE, A DETAILED BRIEF ON THE COURSE OF ACTION SHALL BE SUBMITTED TO THE GRIEVANT, SUPERVISOR, PROGRAM DIRECTOR, AND THE GRIEVANCE FILE. THE COURSE OF ACTION SHALL BE SIGNED BY EACH MEMBER OF THE REVIEW COMMITTEE.
9. THE GRIEVANCE REVIEW COMMITTEE'S DECISION SHALL BE FINAL, EXCEPT AS PROVIDED PARAGRAPH 4 OF CHAPTER 2.7, PROBATIONARY PERIOD, AND THE EMPLOYEE MAY APPEAL TO THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF ADMINISTRATION, ONLY IF THE EMPLOYEE ALLEGES VIOLATIONS OF THE PROVISIONS OF CHAPTER 1.2, EQUAL EMPLOYMENT OPPORTUNITY WHICH STATES, "NO PERSON IN THE SERVICE OF THE TRIBES, OR PERSONS SEEKING EMPLOYMENT BY THE TRIBES SHALL BE SELECTED, PROMOTED, DEMOTED, REMOVED OR IN ANY FAVORED OR DISCRIMINATED AGAINST BECAUSE OF AGE, SEX, RACE, COLOR, NATIONAL ORIGIN OR THEIR POLITICAL OR RELIGIOUS AFFILIATIONS.
10. "THE EXECUTIVE DIRECTOR SHALL REVIEW THE DISCRIMINATION ALLEGATIONS AND MAKE A FAIR DETERMINATION AS TO WHETHER OR NOT A REHEARING IS WARRANTED. IF THE EXECUTIVE DIRECTOR FINDS THE ALLEGATIONS SIGNIFICANT, THE PERSONNEL DIRECTOR SHALL SCHEDULE A REHEARING WITH A NEW GRC, WHO WILL DECIDE TO UPHOLD OR REVERSE THE DECISION OF THE ORIGINAL GREIVANCE REVIEW COMMITTEE. ALL DECISION MADE DURING THE REHEARING SHALL BE FINAL.

CHEYENNE AND ARAPAHO TRIBES
REQUEST FOR ADMINISTRATIVE/GRIEVANCE REVIEW

In accordance with the Cheyenne and Arapaho Personnel Policy. Grievance, the following is a statement of my GRIEVANCE, which I hereby request to be reviewed.

NAME: _____

POSITION TITLE: _____

DEPARTMENT: _____

IMMEDIATE SUPERVISOR: _____

The reason(s) for my Grievance is as follows: _____
(Attach documents if necessary.)

I discussed this Grievance with my immediate Supervisor on: _____

My Supervisor's response was as follows: (Attach written reply if available): _____

I believe this response to be incorrect/unacceptable for the following reasons: _____

I believe the appropriate/acceptable resolution of my Grievance would be: _____

Witness(es) who can confirm my statement are: (Written statements may be provided if available.) _____

I will not contact or harass my Program Director, Supervisor, or the Grievance Review Committee before, during, or after my Grievance Hearing. If I do I will be subject to disciplinary action in accordance to the Cheyenne and Arapaho Tribes.

_____ Date _____ Employee Signature

Telephone number: _____ Cell phone number: _____

E-mail address: _____

Mailing Address: _____