

**PYRAMID LAKE PAIUTE TRIBE  
GRIEVANCE/APPEALS PROCESSING FORM**

The purpose of the grievance procedure is to provide a uniform and equitable method of resolving grievances as quickly as possible and at the lowest possible level of supervision. This procedure is intended to assure an employee that any grievance will be heard and that corrective action taken will be without reprisal or discrimination against the employee for submitting the grievance.

A regular employee who is aggrieved by any action which relates to working conditions and relationships, or pertaining to any term, condition or privilege of employment, or to Tribal policies, rules, and regulations, and which cannot be resolved through informal discussions with the immediate supervisor, may file a grievance within five (5) days after the occurrence of the action in question. The five (5) day limitation may be waived if, through no fault of the employee, he or she was unaware of the action before the expiration of the time limit.

**FORMAL EMPLOYEE GRIEVANCE**

Employee: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Message: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

1) Clear and concise statement of the facts surrounding the grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What remedy or correction is requested? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) What specific rule(s) or policy has been violated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) List any other pertinent information, such as persons involved or with knowledge of the situation: \_\_\_\_\_  
\_\_\_\_\_

5) What efforts were made to resolve the problem at the department level? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Aggrieved Employee Signature** **Submittal Date**

***Date Received by Human Resources:*** \_\_\_\_\_

Failure by management to render a decision within the allotted time at any step constitutes denial, and the employee may proceed to the next step. Failure to proceed to a higher step within the time period specified will terminate the grievance.  
*\* File a copy of the grievance with the Human Resources Department to ensure timeline monitoring.*

**STEP ONE (1)**

The employee shall present the written grievance to the Immediate Supervisor unless the cause of the grievance occurs at a higher level in which case it shall commence at that level. A written decision shall be given to the employee within five (5) working days of the filing date.

**ACKNOWLEDGEMENT OF RECEIPT**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Receipt Date**

.....  
**Decision of Supervisor:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Date Received by Human Resources:* \_\_\_\_\_

.....  
**ACKNOWLEDGEMENT OF RECEIPT**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Receipt Date**

.....  
**FURTHER ACTION REQUESTED**

If the grievance remains unresolved or the decision is considered unacceptable, the employee may proceed to Step 2 - *Employee Requests to move grievance to Step 2.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date of Request**

**STEP TWO**

Within three (3) working days after receipt of the decision in Step 1, or after the decision is due, the employee may present the written grievance and such decision to the Department Head. The Department Head shall render a written decision to the employee within five (5) working days of appeal receipt.

**ACKNOWLEDGEMENT OF RECEIPT**

\_\_\_\_\_  
**Department Head Signature**

\_\_\_\_\_  
**Receipt Date**

.....  
**Decision of Department Head:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Date Received by Human Resources:* \_\_\_\_\_

.....  
**ACKNOWLEDGEMENT OF RECEIPT**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date of Request**

.....  
**FURTHER ACTION REQUESTED**

If the grievance remains unresolved or the decision is considered unacceptable, the employee may proceed to Step 3 - *Employee Requests to move grievance to Step 3.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date of Request**

**STEP THREE**

Within three (3) working days after the decision is due in Step 2, the employee or their representative may present the grievance in writing to the Human Resources Department, who will schedule a Grievance Hearing with the Appeals Board within five (5) working days of appeals receipt.

*Date Received by Human Resources:* \_\_\_\_\_

\_\_\_\_\_  
**Human Resources Representative**

\_\_\_\_\_  
**Title**

**Grievance Hearing Date:** \_\_\_\_\_

**The Appeals Board will render a decision by majority vote and submit it to the Employee, Supervisor, and Department Head within five (5) working days from date of the Grievance Hearing. The decision of the Appeals Board will be final and binding. No further action by the Appeals Board or Tribal Management is allowed under the Tribal Grievance Policy. An appeal is an internal administration matter.**

**Dated this day:** \_\_\_\_\_

**Decision of Appeals Board:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Appeals Board Chairman**

\_\_\_\_\_  
**Appeals Board Member**

\_\_\_\_\_  
**Appeals Board Member**

**ACKNOWLEDGEMENT OF RECEIPT**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date of Request**