

COLORADO STATE PERSONNEL SYSTEM CONSOLIDATED APPEAL/DISPUTE FORM

This consolidated form is provided for employees and/or job applicants who are filing appeals or disputes with the State Personnel Board or State Personnel Director. A copy of the Board Rules and Director's Administrative Procedures may be found at <http://www.colorado.gov/spb> or <http://www.colorado.gov/dpa>.

PLEASE READ THE INSTRUCTIONS provided for completing the Consolidated Appeal/Dispute form. The form may be printed out and filled in by hand or completed on-line and *saved to your personal drive and printed out*. You may attach additional sheets if necessary, but please note which numbered question the information on the additional sheets applies to. Pursuant to the Americans with Disabilities Act, accommodations for completing the form are available. Contact the State Personnel Board for assistance at 303-866-3300.

Mail or hand-deliver the completed form to the State Personnel Board, 1525 Sherman Street, 4th Floor, Denver, CO 80203, or fax it to 303-866-5038. **YOU MUST NOTIFY** the Board or Director in writing if the information below changes before the appeal or dispute process is concluded. **NOTE:** You will receive copies of Board Orders by email **ONLY**, and therefore, providing an email address is mandatory. *If you do not have access to email or a computer, you must request an exemption in writing from the Board.*

1. IDENTIFICATION OF EMPLOYEE/JOB APPLICANT (COMPLAINANT)

Name: _____
Address: _____
Phone: (w) _____ (h) _____
*Email: (REQUIRED) _____

I am/was a certified state employee. Yes No I am/was a probationary employee. Yes No

2. Have you retained an attorney to assist you in this matter? Yes No If so, please provide the following information for your attorney.

Name: _____
Address: _____
Phone: _____
Fax: _____
*Email: (REQUIRED) _____

3. THE PARTY (DEPARTMENT/COLLEGE) WHOSE ACTION IS BEING APPEALED OR DISPUTED (RESPONDENT)

Name: _____
Department: _____
Address: _____

4. SPECIFIC ACTION(S) BEING APPEALED OR DISPUTED and REASON(S) FOR APPEAL/DISPUTE

5. Were you notified in writing that this action was taken? Yes No Date you received notification. _____
If verbal, describe below. You must attach a copy of any written notification of the action that was provided to you.

6. RELIEF REQUESTED (What do you want as a result of this appeal?)

7. TYPE OF APPEAL OR DISPUTE: Check all that apply.

- Administrative Discharge** (Administrative discharge applies to exhaustion of leave)
- Disciplinary Action** (Termination or anything that affects your base pay, status or tenure)

Discrimination - Based on:

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race/Color |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Religion/Creed |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Veteran's Status |
| <input type="checkbox"/> Organizational Membership | <input type="checkbox"/> Other: _____ |

- Whistleblower** (Retaliation for disclosure of information concerning waste of public funds, abuse of authority or mismanagement of any state agency). **YOU MUST ATTACH A SEPARATE COMPLAINT FORM WHICH MAY BE FOUND AT:**
<http://www.colorado.gov/spb/forms>.
- Decision to Exempt a Position from the State Personnel System**
- Downward Position Allocation Appeal** (Allocation to a class in a lower pay grade)
- Forced Resignation**
- Layoff**
- Selection Appeal Alleging Discrimination**

Final Grievance Decision: The final agency grievance decision violates the following (YOU MUST CHECK ALL THAT APPLY AND ATTACH A COPY OF THE FINAL GRIEVANCE DECISION:

- | | |
|--|--|
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Grievance Procedures (Board Rule 8-8 or agency process |
| <input type="checkbox"/> Federal or State Constitutional Rights | <input type="checkbox"/> Whistleblower |
- Director's Review** (Overtime; FMLA; removal of name from eligible list; rejection of job application; an action involving the overall administration of the personnel system by an agency which cannot otherwise be appealed)
 - Performance Management Dispute** (Disputable matters include individual final overall performance evaluation, the application of the department's performance management program, or the lack of a final overall evaluation. (Attach a copy of the original internal dispute and the department's decision and submit within 5 business days of the department's decision)

8. SIGNATURE: THIS FORM MUST BE SIGNED BY COMPLAINANT OR, IF APPLICABLE, COMPLAINANT'S REPRESENTATIVE. SIGNATURE BY COMPLAINANT'S REPRESENTATIVE CONSTITUTES AN ENTRY OF APPEARANCE FOR AN APPEAL. ALL DOCUMENTS AND CORRESPONDENCE WILL BE SENT TO THE PERSON SIGNING THIS FORM.

Date

Signature of Complainant

9. CERTIFICATE OF DELIVERY: YOU MUST HAND-DELIVER OR MAIL A COPY OF YOUR APPEAL TO THE RESPONDENT LISTED IN #3. I certify that I have served a copy of this appeal on Respondent at the address listed in #3 above by:

First Class Mail ___ Hand-Delivery ___ this ___ day of _____, 20__.

Signature of Complainant