



**Career Service Hearing Office**  
**Appeal to Hearing Officer**  
 No. \_\_\_\_\_

[CSAhearings@denvergov.org](mailto:CSAhearings@denvergov.org)

Office: 720-913-5703

Fax: 720-913-5995

Name \_\_\_\_\_ Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Job Title \_\_\_\_\_ Empl ID # \_\_\_\_\_  
 Agency Employed By \_\_\_\_\_ Dept/Division \_\_\_\_\_  
 Employment Status:  Career Status  Probationary  On call / Seasonal  Former employee  Other \_\_\_\_\_

**1. Direct Appeal [See CSR 19-10 A. 1.] Check only those that apply.**

- a.  Dismissal  Disqualification  Layoff  Whistleblower violation\* (Complete e, f, & g below.)  
 Suspension or temporary reduction in pay  Involuntary demotion with an attendant loss of pay

b. Date of notice of action checked above \_\_\_\_\_ **Attach all notices of discipline and actions being appealed**

c. Action checked above involved discrimination or harassment based on:

- race  color  religion  national origin  sex  age  political affiliation  sexual orientation  
 disability  other protected status \_\_\_\_\_

d. Action checked above involved retaliation based on \_\_\_\_\_ [protected activity under § 15-106]

**Whistleblower claims only [DRMC 2-106 et. seq.]:**

\*e. Identify the official misconduct you reported \_\_\_\_\_ [DRMC 2-107(d)]

\*f. When and to whom did you report the official misconduct? \_\_\_\_\_ [DRMC 2-107(a)]

\*g. What was the adverse employment action taken by Agency and when did it occur? \_\_\_\_\_ [DRMC 2-107(a)]

**2. Appeal of Complaint or Grievance [CSR 19-10 A. 2.] Attach complaint, grievance and Agency's response**

a.

- Discrimination based on  race  color  religion  national origin  sex  age  political affiliation  
 sexual orientation  disability  other protected status \_\_\_\_\_

Identify Agency discriminatory action: \_\_\_\_\_

- Harassment based on \_\_\_\_\_ [protected status - see options after "Discrimination" above]

Identify Agency act(s) of harassment: \_\_\_\_\_

- Retaliation based on \_\_\_\_\_ [protected activity, e.g., reporting discrimination. § 15-106]

Identify Agency retaliatory action: \_\_\_\_\_

- Grievance resulting in violation of \_\_\_\_\_ [Section of CSR, Charter, or ordinance]

Identify Agency action that violated above rule(s): \_\_\_\_\_

Describe how Agency action affected your pay, benefits or status \_\_\_\_\_ [§19-20 B.3]

- Grievance of "Failing" PEPR - PEPR was arbitrary, capricious and without rational basis or foundation because \_\_\_\_\_ [§19-20 B.4]

b. Date of my complaint or grievance: \_\_\_\_\_

c. Date of Agency response: \_\_\_\_\_

3. Reason for appeal: \_\_\_\_\_

(Add additional sheets as necessary)

4. Remedy sought: \_\_\_\_\_

Signature of Appellant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Representative: \_\_\_\_\_ Date \_\_\_\_\_

Representative Name & Address: \_\_\_\_\_

Address for service of pleadings and orders: [Note: Listing email or fax waives personal or mail service. §19-35]

Appellant: Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_

Representative: Email \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_

**\*\*Please call the Hearing Office to confirm receipt of fax transmissions\*\*  
Request for Mediation**

Mediation is a voluntary process in which a trained mediator assists parties to reach a mutually acceptable agreement. CSR 18-10 B. A mediator does not decide for or against either party.

A party may request mediation pursuant to Rule 18 Dispute Resolution any time during the appeal process. Requesting mediation does NOT extend the time for filing an appeal and does not affect the appeal process or the appeal hearing date, unless both sides agree. If the parties agree that an extension of appeal deadlines is necessary, the parties must file a written request with the Hearing Office. CSR 19-25

Parties are encouraged to participate in mediation. If either party refuses mediation, then the refusing party ***must notify*** the other party, the appointing authority or designee and Career Service Workplace Mediation ***in writing the reason(s) for the refusal within 10 calendar days of receiving notice*** of the request for mediation from the Career Service Workplace Mediation Program. The notification must include a certificate of service. Pursuant to CSR 18-30 A.2

**I request mediation in this appeal, and acknowledge that the rules cited above apply to the mediation process.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Career Service Mediation Program  
[workplacemediation@denvergov.org](mailto:workplacemediation@denvergov.org)  
Office: 720-913-5719  
Fax: 720-913-5995

Appeal Procedural Guide and Career Service Rules can be located at:

<http://denvergov.org/EmployeeResources/EmployeeRelations/GrievancesandHearings>