

**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/dpa/spb/rulesnew.pdf>.**

NOTE: Read the instructions before completing this form. Type or print (legibly) in ink. You may attach additional sheets if necessary. If you attach additional sheets to this form, note to which numbered question the information on the additional sheets applies. Pursuant to the Americans with Disabilities Act, copies of this form are available in alternate formats. Contact the State Personnel Board or the State Personnel Director. Mail, fax, or hand-deliver this form to the appropriate office as indicated below in Section 7.

**1. IDENTIFICATION OF EMPLOYEE/
JOB APPLICANT (COMPLAINANT)**

Representative on Appeal (if applicable): *

Name: _____
Address: _____

Phone: (w) _____
(h) _____
Email: _____

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

*Does not apply to Performance Pay Disputes.

You must notify the Board or Director in writing if the above information changes before the appeal or dispute process is concluded. Please note that the Board does not accept email filings.

I am a **certified** state employee: Yes No

2. THE PARTY WHOSE ACTION IS BEING APPEALED OR DISPUTED (RESPONDENT):

Name: _____
Department: * _____
Address: _____

Describe actions taken to try to resolve dispute:

* Note: Department includes principal departments and higher education institutions.

3. SPECIFIC ACTIONS BEING APPEALED OR DISPUTED:

4. REASONS FOR APPEAL/DISPUTE: The action taken was arbitrary, capricious, or contrary to rule or law because:

5. RELIEF REQUESTED:

6. DATE OF RECEIPT OF NOTICE OF ACTION BEING APPEALED:

(You must attach a copy of the written notice.)

7. TYPE OF APPEAL OR DISPUTE: Check only the box(es) that apply.

If your appeal or dispute does not allege discrimination, retaliation, or whistleblower violation, and does involve any of the actions listed below in Section 7(A), you must submit this form to the Personnel Director, Appeals Section, 1313 Sherman Street, 1st Floor, Denver, Colorado 80203, telephone 303-866-2323, fax 303-866-2021.

If you are alleging discrimination, retaliation or whistleblower violation and/or any of the actions listed in Section 7(B), submit this form to the Colorado State Personnel Board, 633 17th Street, Suite 1320, Denver, Colorado 80202-3604, fax 303-866-5038. If you have questions, call 303-866-3300.

A. DIRECTOR

- Examination Appeal -Must be submitted within 10 days from the date of the exam.**
Class Title: _____ Date of Exam: _____
- Downward Position Allocation Appeal** (allocation to a class in a lower pay grade.)
Present Class Title: _____
- Director's Review of a Performance Management Dispute** (Attach copy of the original written internal dispute and department's decision, and submit within *5 days of department decision.*)
 Application of department's performance management program to individual plan Full payment of award or rating
- Director's Review** (See Administrative Procedures 8-101 and 8-102) (Describe, e.g., overtime, FMLA, removal of name from eligible list, rejection of an application.)
- Director's Review of a matter involving the overall administration of the personnel system by an agency, which cannot otherwise be appealed** (See Administrative Procedure 8-102A) (Describe.)

B. BOARD

- Disciplinary Action** (Describe): _____
- Final Grievance Decision** A form for initiation of a grievance is available on the website, and at the Board and the department's human resources office (note that if the grievance alleges discrimination, written notice must be sent to the Board within 10 days of the alleged discriminatory action). The final agency grievance decision violates the following (attach copy of final grievance decision):
 - Whistleblower (see box below for separate whistleblower form) Federal or state constitutional rights
 - Discrimination (check type of discrimination below) Grievance procedures (Board Rule 8-8 process or department process)
- Layoff** (includes abolishment of position, retention rights, and reemployment rights).
- Whistleblower** (retaliation for disclosure of information). Board Rule 8-22 requires you to file a separate written Whistleblower complaint. A Whistleblower complaint form is available on the website, and at the Board and the department's human resource office.
- Discrimination - Based on:**
 - Disability Race/Color Sex
 - Age National Origin/Ancestry Religion/Creed
 - Sexual Orientation Other (describe): _____

Higher Education Decision to Exempt a Position from the state personnel system

Forced Resignation

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

CERTIFICATE OF DELIVERY: YOU MUST HAND DELIVER OR MAIL A COPY OF YOUR APPEAL TO THE PARTY LISTED IN #2.

I certify that I have served a copy of this appeal on Respondent at the address specified in Section 2 above, by
(first class mail hand delivery) this day of , 20 .

Signature