



## **Grievance Procedure Public Works**

The City of Pasadena's Public Works Department has adopted a departmental grievance procedure providing for prompt an equitable resolution of complaints alleging any action deemed unfair or unacceptable by the Department.

A grievance can be a wrong or hardship suffered (real or perceived), which is the grounds of a complaint.

A complaint is an expression of grievance, dissatisfaction or concern.

A complaint should be filed in writing, contain the name and address of the person filing it, and briefly describe the alleged violation. A Grievance Form can be obtained from the Department at 1149 Ellsworth Drive, 5<sup>th</sup> Floor, Pasadena, TX 77506 or on the Public Works page on the City's website ([www.ci.pasadena.tx.us](http://www.ci.pasadena.tx.us)). It can also be emailed or faxed upon request at 713-475-7835.

If issue is related to a CDBG Project, the Public Works Department will immediately forward a copy of the Grievance Form to the Community Development Department. Citizens and/or contractors can also contact the Community Development Department directly at 713-475-7294.

Once a complaint has been filed, staff will have fifteen (15) working days to investigate and resolve the grievance.

The complainant can request a reconsideration of the case in instances where he or she is dissatisfied with the resolution. The request for reconsideration should be made within ten (10) working days to the City of Pasadena's Public Works Department. At this time the grievance will escalate to the Deputy Director of Public Works and/or the Director of Public Works for review.

If Public Works is unable to resolve the issue at hand, citizens and/or contractors will be referred to the Mayor's Action Line for assistance.



# Grievance Form - Public Works

Grievant Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Citizen  Contractor  Other: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Project Name & Number (if applicable) \_\_\_\_\_

Date, time and place of event leading to grievance:

\_\_\_\_\_

Detailed account of occurrence (include names of persons involved, if any):

\_\_\_\_\_

Please state policies, procedures or guidelines that you feel have been violated:

\_\_\_\_\_

Proposed solution to grievance:

\_\_\_\_\_

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are filing a grievance, and any information on this form is truthful.

Grievant Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

List steps taken to solve issue and date resolved:

\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_