

# CONSOLIDATED APPEAL & DISPUTE FORM

Colorado State Personnel Board and State Personnel Director



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 can be found at <https://spb.colorado.gov>.

## NOT FOR PARTNERSHIP AGREEMENT DISPUTES

If you have a Partnership Agreement dispute, **do not use this form**. Instead, please contact Colorado WINS at [info@cowins.org](mailto:info@cowins.org) or visit <https://cowins.org>.

## PART 1 - General Information and Disputed Employment Action


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### Information About Employee/Job Applicant ("Complainant")

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ Zip : \_\_\_\_\_  
Phone Number : \_\_\_\_\_ Email : \_\_\_\_\_

2

I Am/Was :  A certified state employee  
 A probationary employee  
 A job applicant

 You must include a valid email address.

3

Have you retained an attorney to assist you in this matter? :  Yes  No

4

### ATTORNEY INFORMATION IF APPLICABLE

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ Zip : \_\_\_\_\_  
Phone Number : \_\_\_\_\_ Email : \_\_\_\_\_

5

### Information About the Department/College/University Whose Action is Being Appealed or Disputed ("Respondent")

Department/College/University ("Respondent") : \_\_\_\_\_  
Name of Person Taking Action : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ Zip : \_\_\_\_\_

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If you require additional space to answer questions 6 through 8 please use the space provided on pages 7-8 or attach a separate page.

6

**Specific Action You Believe was Improper and Reason(s) You Disagree with the Action:**

7

**I Was Notified of this Action**



**You must attach a copy of the written notice of the action.**

Yes, I was notified of the action **in writing** on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Yes, I was notified of the action **verbally**. Please describe the verbal notice:

No, I was not notified of the action

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**Relief Requested (What do you want as a result of this appeal?)**

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## PART 2 - Filing an Appeal with the State Personnel Board

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### Type of Appeal with the State Personnel Board

9.1

- Discipline or Action that impacts pay, status, or tenure.** A certified state employee may appeal a disciplinary action (such as a termination or demotion). A certified state employee may also appeal other actions that adversely affect the employee's pay, status, or tenure.

9.2

- Grievance:** An employee may file an appeal of a Step Two Grievance Decision to the Board. Check if you believe the Step Two Grievance Decision violates:

- |   |   |
|---|---|
| <input type="checkbox"/> An employee's rights under the federal or state constitution | <input type="checkbox"/> The Whistleblower Act (you must attach a separate <a href="#">whistleblower complaint form</a> ) |
| <input type="checkbox"/> The Colorado Anti-Discrimination Act (CADA)                  | <input type="checkbox"/> The Board's grievance rules or the department's grievance procedures                             |

9.3

- Colorado Anti-Discrimination Act (CADA):** Employees and applicants may appeal employment actions that violate CADA. Please check all that apply:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Age   |
| <input type="checkbox"/> Race       | <input type="checkbox"/> Gender Identity    | <input type="checkbox"/> National Origin                                       |
| <input type="checkbox"/> Creed      | <input type="checkbox"/> Gender Expression  | <input type="checkbox"/> Ancestry  |
| <input type="checkbox"/> Color      | <input type="checkbox"/> Marital Status     | <input type="checkbox"/> Harassment Because of Membership in a Protected Class |
| <input type="checkbox"/> Sex        | <input type="checkbox"/> Religion           | <input type="checkbox"/> CADA Retaliation                                      |

9.4

- Whistleblower Retaliation:** Employees may appeal employment actions that violate the State Employee Protection Act (commonly referred to as the "Whistleblower Act"). For example, the employee claims the action occurred in retaliation for disclosing a waste of public funds. You must attach a separate [whistleblower complaint form](#).

9.5

- Director's Decision regarding Comparative Analysis:** A certified employee is requesting a discretionary review after receiving the final decision of the State Personnel Director regarding their removal from consideration for selection during the comparative analysis process.

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9.6

Other

**Forced Resignation:** You believe you were forced or coerced to resign.

**Layoff:** Your position was eliminated; or upwardly/downwardly allocated to a different class in the course of a layoff.

**Administrative Discharge:** You were separated administratively.

**Other:** Please Describe

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Any Further Information to Describe Your Appeal with the Board

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## PART 3 - Filing an appeal or dispute with the Director (State Personnel Director)

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### Type of Appeal with the Director

11.1

An allocation of your position to a lower pay grade, that you currently occupy and you are currently certified.

11.2

You are an applicant and object to the removal of your application from further consideration in a selection process. Please check all that apply:

Comparative Analysis Process

Not Selected after Interview

Background Check

Examination

Minimum Qualification

Suitability Screening

Probationary Employee

Non-classified Employee

Not Eligible to Apply

Not a State Resident

11.3

A general matter of administration of the state personnel system or as mandated by law. These include alleged violations to the Fair Labor Standards Act and Family Medical Leave Act.

Fair Labor Standards Act

Family Medical Leave Act

Other: Please Describe

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### Type of Performance Management External Dispute with the Director

12.1

Your individual final overall performance evaluation, including a lack of an individual overall annual performance evaluation; or

12.2

Application of a department's performance management program to your individual annual final overall evaluation.

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## Any Further Information to Describe Your Appeal or Dispute with the Director

### PART 4 - Signature and Certification of Delivery

- You (the “Complainant”) must sign this form or, if applicable, a legal representative.
- Your signature also certifies that a copy of this appeal has been provided to the Department/College/University (the “Respondent”) as identified by you in PART 1 - General Information and Disputed Employment Action.
- Signature by a legal representative constitutes an entry of appearance for an appeal. All documents and correspondence will be sent to the person signing this form.

 You (or your legal representative) must sign this document.

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

Email Address : \_\_\_\_\_

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

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## Optional - Additional Information

Additional Information for Question # \_\_\_\_\_

Additional Information for Question # \_\_\_\_\_

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## Optional - Additional Information

Additional Information for Question # \_\_\_\_\_