

Maricopa County	Internal Policy	Number: HR2405
Ombudsman Policy	Title: Employee Concerns Resolution Program	Issue Date: 7/1998
Policy Category: Human Resources	Initiating Department: Human Resources	Revision: 2
Reviewed by: Gwynn Simpson	Approved by: <i>David R. Smith</i>	Revision Date: 9/20/2005

A. Purpose:

Employees are encouraged to raise questions or concerns about the application of applicable Merit Rules, Human Resources Plans, Administrative Personnel Procedures, departmental work rules, and unsafe or unhealthy work environments. Employees should discuss these issues with their immediate supervisor whenever possible, and if possible, the supervisor should work with the employee to resolve the concerns. If the concerns cannot be resolved to the employee's satisfaction by the immediate supervisor, this procedure provides for additional, prompt, review by the appointing authority and/or the Employee Ombudsman.

B. Definitions:

Appointing Authority: An elected official, the single administrative or executive head of a department, or the designated representative (designee) authorized to act in this capacity.

C. Policy:

- A. An employee may not use the process outlined in this procedure to seek review of decisions or actions for which there is already another available internal review procedure. These include but are not limited to annual evaluation ratings, dismissal, suspension, or involuntary demotion that may be appealed to the Merit Commission. Concerns about employment discrimination, workplace professionalism or harassment are addresses in (Administrative Personnel Procedure HR2406: Workplace Professionalism: Avoiding Harassment and Discrimination. Employees may not use HR 2405 to raise these issues). An employee cannot use both policy HR2405 and HR2406 simultaneously for the same issue. Employees are not required to use either process outlined in this procedure or HR2406 before exercising their rights under state or federal discrimination laws. If employees are not sure whether their complaint falls under policy HR 2405 or 2406, the employee should contact Human Resources Employee Relations at 301 West Jefferson, Suite 221, Phoenix, AZ 85003 or call 602-506-5007 for guidance.

- B. The Employee Ombudsman is a neutral third party who serves as a resource to employees who have work related concerns, as defined by this policy. The Employee Ombudsman's review of a decision by an Elected Official will be limited to employee concerns that relate to compliance with state or federal law.

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D. Authority and Responsibilities:

The Human Resources Department is responsible for administering this policy.

Departments are required to follow this policy and if they have questions to direct them to Human Resources Employee Relations, 301 West Jefferson, Suite 221, Phoenix, AZ 85003. Phone 602-506-5007

E. Procedures:

- A. An employee who has a concern as defined in this policy should complete Attachment A. The employee is encouraged but not required to submit the completed form to his/her supervisor. If a supervisor receives a completed form or a verbal statement from an employee, the supervisor shall respond within five business days after receiving the notice. If the employee is not satisfied with the supervisor's response or the supervisor fails to provide an answer within five business days, the employee may forward his or her concern using Attachment A form to the appointing authority (Department Director or Elected Official) or designee. The employee must submit the request to his or her appointing authority or designee within ten business days from the day of the employee's receipt of the supervisor's response or lack of response. It is the responsibility of the appointing authority (Department Director or Elected Official) or designee to investigate the employee's question or concern, discuss it with the employee, and provide a written response to the employee within ten business days.
- B. Maricopa County encourages employees and supervisors to resolve issues at the lowest possible level. In those rare cases where the employee does not feel comfortable going to their immediate supervisor or their department director the employee may directly go to the Employee Ombudsman. Where appropriate, the Employee Ombudsman will, investigate, review, and discuss the employee's concern with the employee as soon as possible. The Employee Ombudsman will provide a response to the employee, which will be the final decision and resolution of the employee's concern.
- C. The employee shall be permitted a reasonable amount of paid work time to draft a written statement of his or her concerns and to meet and discuss his or her concerns with the Employee Ombudsman. The reasonable amount of paid

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work time shall not be more than 2 hours paid work time. Under no circumstances should the employee be required to work more than 40 hours in a workweek to make up the time. The employee must notify their supervisor to that they need time away from the office to meet with the Employee Ombudsman. Supervisors must be flexible in making this accommodation.

- D. An employee may bring another Maricopa County employee or other individual to the meeting to assist in understanding and resolving the employee's concerns. The co-worker or other individual will be permitted to participate in the meeting only where the individual's input is, in the discretion of the appointing authority or Employee Ombudsman, determined to be productive in facilitating a resolution of the employee's concerns.
- E. Maricopa County encourages employees to take advantage of the Employee Concerns Resolution Program, and is committed to preventing any retaliation against persons who raise questions/concerns about the terms and conditions of their employment. All Maricopa County managers and supervisors at all levels are expected to behave in a professional manner, and to take the time to answer questions, and work toward the resolution of workplace concerns. Doing so will make an important contribution to the overall performance and growth of our organization.

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**MARICOPA COUNTY EMPLOYEE CONCERNS RESOLUTION FORM
(Attachment A)**

Date: _____

Addressed to:

() Supervisor/Manager's Name: _____

() Department Director/ Elected Official (or Designee): _____

() Employee Ombudsman _____

Employee's Name _____ Working Title: _____

Department: _____ Work Phone: _____

Date of the event (or first knowledge of the event): _____

What Happened (Facts):

Date of verbal discussion with supervisor about the event: _____

Supervisor's Response to Verbal Discussion:

Employee's Requested Solution:

cc: Employee Ombudsman (Required)

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