

Date Received:

**MOHAVE COUNTY SUPERIOR COURT  
EMPLOYEE GRIEVANCE FORM  
ALLEGING UNLAWFUL HARASSMENT  
Judicial Merit Rule 505**

This form is to be used by employees in filing complaints through the Grievance Procedure that involve allegations of unlawful harassment (Judicial Merit System Rule 505). Additional sheets of paper may be attached if the space on this form is inadequate to present the information. Complete **ALL** portions of the form. Maintain a copy of the form for your records.

**Employee is to complete Parts 1 – 5: Attach additional sheets of papers as necessary.**

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**PART 1:**

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date of Original Hire:** \_\_\_\_\_

**Employment Status:** \_\_\_\_\_ Regular \_\_\_\_\_ Original Probationary \_\_\_\_\_ Temporary

**Check the type(s) of alleged unlawful discrimination and/or harassment you believe you have been subjected to:**

\_\_\_\_\_ Race \_\_\_\_\_ Disability \_\_\_\_\_ National Origin \_\_\_\_\_ Age (age 40 or older)  
\_\_\_\_\_ Color \_\_\_\_\_ Sex (Gender) \_\_\_\_\_ Political Affiliation \_\_\_\_\_ Veteran Status \_\_\_\_\_ Religious Affiliation

**How do you wish to have your grievance addressed? (Check one):**

\_\_\_\_\_ Informal Consultation (Refer to Judicial Merit Rule 505 (H))  
\_\_\_\_\_ Formal Investigation (Refer to Judicial Merit Rule 505 (I))

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**PART 2:**

1. **List the date(s) and/or time period that the action(s) or incident(s) being complained about occurred:**
  
  
  
  
  
  
  
  
  
  
2. **Name of Immediate Superior and date(s) of meeting with Immediate Supervisor (if any):**
  
  
  
  
  
  
  
  
  
  
3. **Name of Department/Division Head and date(s) of meeting with Department/Division Head (if any):**

**PART 3:**

**Describe the action or incident being grieved (include location of the incident, names of the individual(s) whose behaviors are alleged to constitute the prohibited harassment, what specifically occurred, dates, times and relevant facts.)**

**How was your ability to work affected by the above action(s) or incident(s)?**

**List the names of witnesses, if any to the above action(s) or incident(s):**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Were the above action(s) or incident(s) isolated instances or do you consider them a part of a pattern? Please explain.**

**List the names of individuals, if any, in your department who you have talked about this issue.**

**Are there any written documents relevant to the issue that you know about? If so, please identify and attach copies, if available.**

**Have you kept any written records (such as expense reports, personnel file memos, other notes, etc.), diaries or logs that are relevant to the issue? If so, attach copies.**

**Do you know if any other employees have the same or similar concerns? If so, please identify those individuals:**

**Are there any other issues you wish to address at this time?**

**PART 4:**

**Explain the action you are requesting to be taken to resolve your grievance, or do you have any suggestions on how you think the issue could best be resolved?**

**PART 5:**

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Employee Signature

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Date