



# Disciplinary Grievance Form

## New York State Correctional Officers & Police Benevolent Association, Inc. Security Services Unit

102 Hackett Blvd. • Albany NY, 12209 • (518) 427-1551  
www.nyscopba.org • nyscopba@nyscopba.org

**Instructions to Employee and Agency:** This form must be used by employees to start a disciplinary grievance according to Article 8 of the Agreement. Employees must be given a chance to obtain representation (either New York State Correctional Officers and Police Benevolent Association (NYSCOPBA), or an attorney of the employee's choice) in proceedings brought under Article 8 and before executing any settlement of a disciplinary grievance. In the event that any employee against whom disciplinary charges are brought by the Employer elects to be represented by any party other than the Union, such employee shall be individually responsible for all expenses which are incurred in connection with such disciplinary proceeding. No employee can be represented in such a disciplinary proceeding by any officer, executive board member, delegate, representative or employee of any actual or claimed employee organization or affiliate thereof other than NYSCOPBA.

**PLEASE PRINT OR TYPE**

AGENCY \_\_\_\_\_ WORK LOCATION \_\_\_\_\_ SHIFT ASSIGNMENT \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMPLOYEE'S REPRESENTATIVE:  NYSCOPBA NAME \_\_\_\_\_  
 ATTORNEY ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

I wish to grieve the Notice of Discipline issued to me on \_\_\_\_\_ pursuant to Article 8 of the Agreement. (Employee may use this space to support this grievance.)

Remedy sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Aggrieved Employee's Signature

**Instructions to Employee:** To be considered, this form must be filed with your Department or agency head or designee within 14 days\* following the date of the Notice of Discipline.

Date received \_\_\_\_\_ by \_\_\_\_\_  
Agency Representative

### AGENCY DECISION (SEE ATTACHED)

Date received \_\_\_\_\_ by \_\_\_\_\_  
Agency Representative

\* Days shall mean calendar days

### SETTLEMENT AND CERTIFICATION OF OFFER OF RIGHT TO REPRESENTATION (IF APPLICABLE)

**Instructions:** This form may be used to record settlements of disciplinary grievances as provided for in the Agreement, Article 8.3, Settlements. A disciplinary grievance may be settled at any time following the service of a notice of discipline. The terms of the settlement shall be reduced to writing. An employee offered such a settlement shall be offered a reasonable opportunity to have his attorney or a Union representative present before he is required to execute it. The Union grievance representative at the appropriate level shall be provided with a copy of any settlement within 24 hours of its execution.

**THIS SETTLEMENT HAS BEEN MADE IN ACCORDANCE WITH THE PROVISIONS OF ARTICLE 8 OF THE AGREEMENT. WE CERTIFY THAT THE REQUIRED OPPORTUNITY FOR REPRESENTATION WAS OFFERED AND THAT NO THREATS OF REPRISAL OR PROMISES OF SPECIAL CONSIDERATION WERE MADE BY AGENCY REPRESENTATIVES AS AN INDUCEMENT TO EXECUTE THIS SETTLEMENT, THE FULL TERMS OF WHICH ARE INCLUDED ABOVE.**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Employee's Representative

\_\_\_\_\_  
Date