




## POLICY AND PROCEDURE STATEMENT

<b>SUBJECT</b> EMPLOYEE DISPUTE RESOLUTION	<b>PAGE 1 OF 6</b>	<b>DATE EFFECTIVE</b> JUNE 1, 2018		
<b>SECTION/POLICY NO.</b> 2.09	<b>APPROVED BY</b>  MAYOR	<b>SUPERSEDES</b> VOA III-E, OCTOBER 1, 2003		
<b>PREPARED BY</b> VILLAGE ADMINISTRATOR	 VILLAGE ADMINISTRATOR	<b>APPROVAL DATE</b>	<b>ISSUE DATE</b> 12/31/2017	<b>REVIEW DATE</b>
<b>REFERENCE</b>	 PERSONNEL/BENEFIT COMMITTEE	<b>DISTRIBUTION LIST</b> WEBSITE, MAYOR, COUNCIL CLERK-TREASURER, AND VILLAGE EMPLOYEES		

### SCOPE

- I. This Policy applies to Ashville Personnel, Ashville Government, and Contract Staff (employees).

### POLICY:

- I. The Village of Ashville respects the right of an employee to present issues, problems, or complaints without fear of recrimination, provided that such action by the employee is conducted in accordance with published procedures.

### PURPOSE:

- I. To provide an open environment for resolution of employee issues, problems, and concerns.

### PROCEDURE

- I. The employee and supervisor are encouraged to settle problems or complaints through prompt and thorough discussion. If an agreement is not reached through this joint effort, the supervisor should schedule the employee for an appointment with the village administrator.
- II. If the decision of the village administrator is not satisfactory with the employee, the problem or complaint in question should be put in written form, along with the administrator's decision and forwarded to the Mayor.
  - a. The Mayor may assemble a group to hear the problem and make recommendations.
  - b. The mission of that group is to review all facts and present object counsel to the Mayor.
  - c. The Mayor, after hearing the problem, discussing it with all those involved, and reviewing possible recommendations will give the employee an answer in writing. The decision is final.



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PROBLEM SOLVING FORM

Work Assignment/Area: \_\_\_\_\_

Initiating Employee/Supervisor(s) : \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* REPORTED PROBLEM \*\*\*\*\*

Describe (define) the problem (who, what, when, where, how and why): \_\_\_\_\_

Multiple horizontal lines for describing the problem

Problem reported by: \_\_\_\_\_

Location of problem: \_\_\_\_\_

When did (does) problem occur? \_\_\_\_\_

Multiple horizontal lines for providing details of the problem

\*\*\*\*\* PROBLEM IDENTIFICATION AND RESPONSE DEVELOPMENT\*\*\*\*\*

**Information Sources (List as many as applicable):**

- |                          |                                       |                          |                                       |
|--------------------------|---------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <b>Personal Observations</b>          | <input type="checkbox"/> | <b>Patrol Officers</b>                |
| <input type="checkbox"/> | <b>Detective Division</b>             | <input type="checkbox"/> | <b>Records Section</b>                |
| <input type="checkbox"/> | <b>Communications</b>                 | <input type="checkbox"/> | <b>Area Canvas</b>                    |
| <input type="checkbox"/> | <b>Citizen Complaints</b>             | <input type="checkbox"/> | <b>Crime Stoppers</b>                 |
| <input type="checkbox"/> | <b>Organizations</b>                  | <input type="checkbox"/> | <b>Probation/Parole</b>               |
| <input type="checkbox"/> | <b>Housing Department</b>             | <input type="checkbox"/> | <b>Facilities Maintenance</b>         |
| <input type="checkbox"/> | <b>Fire Department</b>                | <input type="checkbox"/> | <b>Security</b>                       |
| <input type="checkbox"/> | <b>Service Department</b>             | <input type="checkbox"/> | <b>Parking Control</b>                |
| <input type="checkbox"/> | <b>Water Plant</b>                    | <input type="checkbox"/> | <b>Media</b>                          |
| <input type="checkbox"/> | <b>Waste Water Plant</b>              | <input type="checkbox"/> | <b>Local Businesses</b>               |
| <input type="checkbox"/> | <b>Surveys</b>                        | <input type="checkbox"/> | <b>Other Law Enforcement Agencies</b> |
| <input type="checkbox"/> | <b>Other Law Enforcement Agencies</b> | <input type="checkbox"/> | <b>Health and Safety</b>              |
| <input type="checkbox"/> | <b>Other Law Enforcement Agencies</b> | <input type="checkbox"/> | <b>Other:</b> <input type="text"/>    |

**Findings :):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\*\*\*\*\*RECOMMENDED RESPONSE\*\*\*\*\*

**Goals and Objectives (What do you wish to accomplish?):** \_\_\_\_\_

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**Recommended Strategies (include how you expect to accomplish this and the number of personnel needed):** \_\_\_\_\_

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**Implementation Date:** \_\_\_\_\_

**Expected Termination Date:** \_\_\_\_\_

\*\*\*\*\* IMMEDIATE SUPERVISOR'S REVIEW \*\*\*\*\*

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

Approved  Disapproved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\* SUPERVISOR'S REVIEW\*\*\*\*\*

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

Approved  Disapproved  Comments:

\*\*\*\*\* DIRECTOR'S REVIEW\*\*\*\*\*

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

Approved  Disapproved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\* ASSESSMENT OF ACTION\*\*\*\*\*

- Totally eliminated the problem.**
- Substantially reduced the problem.**
- Reduced the harm caused by the problem.**
- Response dealt with the problem better than had been done before.**
- Problem removed from police consideration.**
- Response had no appreciable impact on the problem.**

**Describe the results of what happened (include how assessment was done):**

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**Date of completion:** \_\_\_\_\_

**Submitting Person(s):** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Division Director:** \_\_\_\_\_