



## City Service Commission APPEAL OF DISCIPLINARY ACTION FORM

Pursuant to Rule XIV (Discharge, Appeal, Hearing), Section 2 of the Rules of the Board of City Service Commissioners (the Commission), a regularly appointed employee who has passed his/her probationary period may appeal a discharge, reduction (involuntary demotion), a second suspension within six months of a former one or any suspension exceeding fifteen working days in length. The time limit to file an appeal ends at 4:45 p.m. on the third business day following receipt of written notification of the disciplinary action. An appeal is filed when it is received and time-stamped by the Department of Employee Relations on behalf of the Commission. The Department of Employee Relations is located at City Hall, 200 East Wells Street, Room 706, Milwaukee, WI 53202-3515. An appeal may also be filed by electronic transmission to the following email address: [kbiern@milwaukee.gov](mailto:kbiern@milwaukee.gov) or by FAX to the following number: (414) 286-0203.

Appellants are encouraged to review the **Guidelines for Disciplinary Appeals to the City Service Commission** located at: <http://city.milwaukee.gov/der/csc/FormsDocs>

***Please complete the form below to appeal a qualifying disciplinary action.***

I appeal the following disciplinary action, pursuant to Rule XIV, Section 2 of the Rules of the Board of City Service Commissioners (*check one*):

- Discharge
- Reduction in classification (involuntary demotion)
- Second suspension within six months of a former one (Date of 1<sup>st</sup> suspension: \_\_\_\_\_)
- Suspension exceeding 15 days

I received written notification of the disciplinary action that I am appealing on: \_\_\_\_\_. Please attach the disciplinary notice for the action that you are appealing. **Please attach a brief statement indicating the basis of your appeal.**

This appeal is dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of appellant: \_\_\_\_\_

Name of appellant (please print):	
Appellant's Department/Division:	
Appellant will be represented by:	
Contact information (phone number): (email address):	Phone: Email:
<i>Appellant's Contact Information:</i>	
Primary phone number:	
Address:	
Email:	



**Please write a brief statement indicating the basis of your appeal (*attach to Form*):**

