



Tennessee Department of Children's Services

Step 1 Appeal Form

Agency Name:	Department of Children's Services
Agency Address:	Office of Civil Rights, UBS Tower, 7 th Floor, 315 Deaderick Street, Nashville, TN 37243
Agency Contact/Designee:	Donovan Haynes, Affirmative Action Director
Phone:	615-741-8422
Fax:	615-532-7602
Agency Email for Appeals:	DCS.Step1Appeals@tn.gov

To file an appeal and commence Step I of the appeals process, the employee must fully complete Step I Appeal form and submit the form and any relevant documentation to the contact/designee listed above. The submission may be made either electronically, by hand delivery, or by U.S. certified mail. Submission of this information must be made no later than fourteen (14) days after the employee receives written notice of demotion, suspension or dismissal. It is the responsibility of the employee to ensure the Step I Appeal form and all documentation has been received by the agency. Confirmation of receipt can be made by contacting the Commissioner's Designee at the above email address or by calling: **(615) 741-8422**. Confirmation of receipt will be sent by email, unless the employee designates another preferred method of communication below.

Are you/were you a preferred service employee?

Yes

No

Have you completed your initial probationary period?

Yes

No

When completing the section below, it is very important to include reliable contact information so that the agency can contact you throughout the appeals process.

What is your preferred method of communication/correspondence for your Step 1 Appeal Decision? *Please note that communication/correspondence will also be sent electronically if an email address is provided, even if not selected as the preferred communication method. For purposes of receipt, notice shall be deemed as received as by the email date.*

Email

Mail

Please note that should your contact information change during the appeal process, it is your responsibility to notify appropriate parties and update your contact information.

Complainant's Name:

Mailing Address:

Preferred Phone Number:

Personal Email Address:

Edison ID Number:

Job Title:

Immediate Supervisor's Name:

Employee's assigned office:

What specific law, rule, or policy was allegedly violated by agency?			
Which of the following disciplinary actions was issued?			
Dismissal	Demotion	Suspension	<i>If suspension, number of days:</i>
Date of alleged violation (application of specific law, rule, or policy):			
Brief description of alleged violation by agency (how was specific law, rule or policy wrongly applied?):			
Corrective action sought by employee:			
Reinstatement of job			
Reinstatement of leave			
Back Pay			
Reduction of Suspension			
Other (please specify):			

Employee's Signature

Date

~For Completion by Agency~			
Date appeal form received:			
Date of alleged violation:			
Was Step I appeal form received within fourteen (14) days of employee's receipt of written notice of dismissal, demotion, or suspension? Yes No			
Date investigation completed:			
Investigation completed by:			
_____ <i>Name</i>	_____ <i>Title</i>	_____ <i>Telephone</i>	
Date of Step I discussion:			
Step I discussion attendees:			
Written decision issued by appointing authority? Yes No If so, date issued:			
Date mailed (including certified mail tracking number):			
Date emailed:			
Corrective Action Awarded at Step I Hearing:			

