



Appeal of Agency Decision
(Agency without grievance procedures)

Date:		
Name:		Employee ID No.:
Phone:	Email:	
Address:		
Name of legal counsel:		Legal counsel email:
What agency are you filing a grievance against?		
Agency grievance No. (if applicable):		
Grievance No. (if applicable):		
Direct supervisor's name:	Phone:	Email:
Date agency decision issued:		

Pursuant to Oklahoma Administrative Code (OAC) 260:130-31-5(5)(E)(iii):

- A law enforcement party shall have 10 business days to appeal the agency decision if the agency unsubstantiates the grievance. The law enforcement party must elect to mediate the matter or request an administrative hearing.
- The law enforcement party must file his or her appeal with the Civil Service Division via the [online filing system](#).

If you have not filed a Grievance with the Civil Service Division, then please do so now. If you have any questions regarding the appeal process, please email the [Civil Service Division](#).

Reason for appeal: Please briefly explain why you are appealing the agency's decision. You may attach additional pages or documentation if needed.

Are you requesting mediation? ☐ Yes ☐ No

If mediation is not selected or unsuccessful, please be advised your matter will be heard at an administrative law judge hearing.

Signature of law enforcement party	Date
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