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Respondent

PSCSC no. 23-01-004A

Andrea Scheele
Andrea Scheele, Executive Director

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**BEFORE THE CITY OF SEATTLE
PUBLIC SAFETY CIVIL SERVICE COMMISSION**

In the matter of the appeal of

RONALD WILLIS

Appellant

V.

SEATTLE POLICE DEPARTMENT

Respondent

DECLARATION OF SERVICE

PSCSC no. 23-01-004A

I, Teresa Jacobs, declare under penalty of perjury under the laws of the State of Washington, that on the date below, I caused to be served upon the below-listed parties, via email, a true and correct copy of the foregoing document: **Dismissal Order**.

Party	Method of Service
Appellant: Ofc. Ronald Willis [REDACTED]	<input checked="" type="checkbox"/> E-Mail
Respondent: <i>on behalf of the Seattle Police Department</i> , Catherine.Seelig@seattle.gov Bibi.Shairulla@seattle.gov Cc: Kimberly Loving, Interim Director, SDHR Kimberly.loving@seattle.gov	<input checked="" type="checkbox"/> E-Mail

DATED: June 17, 2024, at Seattle, Washington.

Teresa R. Jacobs

Teresa R. Jacobs, Executive Assistant
Civil Service Commission

APPEAL TO THE CIVIL SERVICE COMMISSION (DISCIPLINARY)

Appeal No.	<u>PSCSC # 23-01-004A</u>	
Date Filed	<u>November 13, 2023</u>	

Full Name of Appellant			Work Address	
Ron Morgan Willis			10049 College Way N Seattle, WA 98133	
Residence Address			Work Telephone	
[REDACTED]				
City	State	Zip	Employee ID	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
Home/Cell Phone:			Department	
[REDACTED]			Seattle Police Dept	
Email:			Job Title	
[REDACTED]			Police Officer	

1. <u>WHAT ACTION IS BEING APPEALED?</u> (CHECK ONE)	<input type="checkbox"/> Demotion (5.01A)
	<input checked="" type="checkbox"/> Suspension <input type="checkbox"/> Probation <input type="checkbox"/> Discharge (5.01B)
	<input type="checkbox"/> City of Seattle Personnel Ordinance or Rule(s) Violation (5.01C):

What Personnel rule, regulation, or provision, do you believe was violated? _____

Reason for this appeal <u>Length of suspension</u> <u>is excessive</u> 	Remedy Sought (What do you want?): <u>Shorter suspension</u>
2. UNION: If you are a member of a union, what is the name of your union? <u>Seattle Police Officers Guild</u> Local Number: _____	<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> I HAVE <input checked="" type="checkbox"/> I HAVE NOT </div> <p>filed a grievance on the same issues that I identified in this appeal, with my union or bargaining unit.</p> <p>This matter <input type="checkbox"/> IS <input type="checkbox"/> IS NOT the subject of arbitration pursuant to a collective bargaining agreement.</p>
3. EMPLOYEE GRIEVANCE PROCEDURE: Did you receive notification of your right to a timely resolution of this grievance from your Department? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (SMC 4.04.070)	If you filed a grievance through the Employee Grievance Procedure, what was the outcome?
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> I HAVE <input checked="" type="checkbox"/> I HAVE NOT </div> <p>filed a grievance on the issues that are identified in this appeal, through the Employee Grievance Procedure. (Personnel Rule 1.4.2)</p>	

Please include with your appeal form the Step 3 Grievance decision of your employing department and Investigatory Report from SDHR, and any documents or correspondence that you have received from the Department related to your appeal. To meet timely filing of your appeal, these documents can be sent after filing this document.

4. **ATTORNEY/AUTHORIZED REPRESENTATIVE:**

An attorney or a representative is NOT required for the appeal process.

Do you have an attorney or another person representing you for this appeal? ☐ YES ☒ NO

If yes, please have your attorney submit a **NOTICE OF APPEARANCE** to the Commission Office and the Department.

All documents and information related to the appeal will go to the attorney or representative.

Name: _____ Firm: _____

Address: _____ Email: _____

5. **APPELLANT:**

If you do not have an attorney or a representative, please enter the address where documents related to this appeal should be sent:

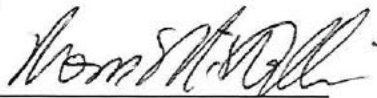
Mailing Address:

Personal Email:

Home/Cell Phone:

SIGNATURE OF APPELLANT

Ron M. Willis



DATE

Nov 13, 2023

SIGNATURE OF ATTORNEY OR REPRESENTATIVE:
(IF FILLING OUT THIS FORM):

DATE

City of Seattle Civil Service Commissions

Seattle Municipal Tower, 700 Fifth Avenue, Suite 1670 PO Box 94729 Seattle, WA 98124-4729

Tel (206) 437-5425, Fax: (206) 684-0755, <http://www.seattle.gov/CivilServiceCommissions/>

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