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BEFORE THE CITY OF SEATTLE PUBLIC SAFETY CIVIL SERVICE COMMISSION

In the matter of the appeal of

ANDREW SWARTZ

Appellant

V.

DISMISSAL ORDER

PSCSC No. 24-01-001A

SEATTLE POLICE DEPARTMENT

Respondent

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: Andrew Swartz	⊠E-Mail
Respondent: On behalf of the Seattle Police Department	⊠E-Mail
Catherine Seelig, Assistant City Attorney Catherine.seelig@seattle.gov	
Kim Fabel, Legal Assistant	
Kim.fabel@seattle.gov	
Cc: Kimberly Loving, Director, SDHR Kimberly.loving@seattle.gov	

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

Teresa R. Jacobs

Teresa R. Jacobs, Executive Assistant

Swartz v. SPD, PSCSC 24-01-001A

Dismissal Order - 2

Public Safety Civil Service Commission PO Box 94729, Seattle, WA 98124-4729 (206) 233-7118



APPEAL	ю. 24-01-001А		
	February 14, 2024	J	
	February 14, 2024		

NOTICE OF APPEAL TO THE PUBLIC SAFETY CIVIL SERVICE COMMISSION

The appeal must be received by the Executive Director within 10 (ten) days, following the received date or the postmarked date of the final notice from the department to the appellant.

INSTRUCTIONS: Complete all the pages, sign and attach any documents or correspondence that you have received from the Department related to your appeal. Send by postal or hand deliver to the Executive Director, Civil Service Commissions 700 5th Avenue, Suite 1670, PO Box 94729, Seattle, WA 98124-472 or email to Andrea.Scheele@seattle.gov or Teresa.Jacobs@seattle.gov

	An original signature of the appellant or authorized representative is required for appeals.				
1.	Andrew Swartz	Scattle WA, 98104	(206) 625-5011		
-	Appellant's Full Name	Work Address	Work Telephone		
	Residence Address	City /State/Zip	Home Telephone/Email		
	Police Officer	Patrol			
	Job Title/Position	Department/Unit	Immediate Supervisor		
	October 2015	10/7/2015			
	Start Date in Position	City Employee Since, Month/Dat	te/Year Employee ID #		
II.ACTION BEING APPEALED: (check one)					
	☐ Suspension	Discharge [☐ Demotion		
☐ Violation of Article XVI of the Charter of the City of Seattle, PSCSC Ordinance or PSCSC Rules (Please list the rule):					
Other Personnel Related Issue: (Please briefly state the issue): Termination of					
my employment after OPA investigation & loudernill proceedings. I was					
treated unfairly, unethically and with aleucl of hostility from OPA					
director Gino Betts during my loudernill hearing that clearly influenced					
	the Chief Diat in his final baling of discipline in my case.				

If needed, you may provide the following information on an additional sheet of paper and attach any documents or correspondence that you have received from the Department related to your appeal. I also feel my termination may not be consistent with other cases where officers were a large feel my work and trainated in the part when they were mirested for a crime. Reason for this appeal (Please include dates, location and action): During my loudermill because, OPA director Betts stated as fact, accusations that were made again as that were not true through palice investigation to be my case. Furthermore Director Betts stated as fact, stalked multiple people even the I was never changed with let alone convicted of any crime in my case. Two Never changed with let alone convicted of any crime in my case. Two would ultimately like to be re-instated due to my unfair termination.
III. <u>UNION:</u>
WHAT IS THE NAME OF YOUR UNION ASSOCIATION OR GUILD?
Seattle Police Officers Guild Local Number:
I HAVE / I HAVE NOT filed a grievance on the same issues that I identified in this appeal, with my union or bargaining unit.
 This matter □ IS / □ IS NOT the subject of arbitration pursuant to a collective bargaining agreement.
IV. <u>ATTORNEY/AUTHORIZED REPRESENTATIVE</u> : An Attorney or a representative is <u>Not</u> 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 Department. All documents and information related to the appeal will go to the attorney or representative.
Name:
Firm:
Address:

City of Seattle Civil Service Commissions

Email:					
Signature of Attorney/Representative: (If filling out this for	m):				
Dat	е				
A. APPELLANT:					
If you do not have an attorney or a representative, please enter the address where All documents related to this anneal should be sent.					
Mailing Address					
Personal Email:					
Home/Cell Phone (Include Area Code):					
Andrew Swartz	SIGNATURE OF APPELLANT DATE				