

**REQUEST FOR ADMINISTRATIVE HEARING  
BEFORE THE CITY OF RALEIGH  
CIVIL SERVICE COMMISSION**

**Case No.** \_\_\_\_\_

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Name of Attorney Representing Employee

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Zip Code

Position held (and, if appropriate, the position applied for):

\_\_\_\_\_  
\_\_\_\_\_

Number of years you have been continuously employed by the City:

\_\_\_\_\_

Name of department against which the complaint is made:

\_\_\_\_\_

Nature of the complaint (e.g., racial discrimination in promotion, dismissal without justification, cause, etc.): (Attach additional pages if necessary)

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Date: \_\_\_\_\_

Concise statement of the facts necessary to an understanding of the situation upon which the complaint is based:

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Statement of the relief requested:

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Employee Signature

Please attach a copy of notice of the city's final administrative decision and indicate the date you received the response \_\_\_\_\_.

Deliver or Mail to:  
  
Chairman, Raleigh Civil Service Commission  
c/o City Clerk, Municipal Building  
P. O. Box 590  
Raleigh, NC 27602-0590

**Civil Service Commission**  
**Page 3**

A copy of this request should be submitted to the Human Resources Director at the following address:

City of Raleigh  
Human Resources Director  
Municipal Building  
P. O. Box 590  
Raleigh, NC 27602-0590

RECEIVED BY THE CITY CLERK'S OFFICE

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