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

In the matter of the appeal of

KEVIN DAVE
Appellant

V.

SEATTLE POLICE DEPARTMENT

Respondent

DISMISSAL ORDER

PSCSC no. 25-01-001A

On January 10, 2025, the Appellant filed an appeal with the Public Safety Civil Service Commission (PSCSC) of a disciplinary discharge issued to him by Seattle Police Department (SPD).

On February 20, 2025, the Appellant emailed the PSCSC giving notice that his grievance would proceed to arbitration with the Seattle Police Officer Guild (SPOG). The appellant submitted a signed voluntary withdrawal form on March 11, 2025.

ORDER

Upon reviewing the Appellant's request to withdraw their appeal, I hereby order that the Appellant's appeal is **dismissed**.

Dated this 13th day of March 2025,

FOR THE CITY OF SEATTLE PUBLIC SAFETY CIVIL SERVICE COMMISSION

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

KEVIN DAVE

Appellant

V.

SEATTLE POLICE DEPARTMENT

Respondent

DECLARATION OF SERVICE

PSCSC no. 25-01-001A

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: Kevin Dave [REDACTED]	<input checked="" type="checkbox"/> E-Mail
Respondent: <i>On behalf of the Seattle Police Department</i> Molly Daily, Assistant City Attorney Molly.Daily@seattle.gov Kim Fabel, Legal Assistant Kim.Fabel@seattle.gov Brian Strobel, Paralegal Brian.Strobel@seattle.gov Cc: Kimberly Loving, Interim Director, SDHR Kimberly.loving@seattle.gov	<input checked="" type="checkbox"/> E-Mail

DATED: March 13, 2025, at Seattle, Washington.

Teresa R. Jacobs

Teresa R. Jacobs, Executive Assistant
Civil Service Department



City of Seattle
Civil Service Commissions

VOLUNTARY REQUEST TO WITHDRAW APPEAL

This matter was before the: ☒ **Public Safety Civil Service Commission** ☐ **Civil Service Commission**

¹ Appellant Name: Kevin Dave		¹ CSC/PSCSC Case No: 25-01-001A	¹ Date: 2/22/25
¹ Respondent:		Appellant's Authorized Representative:	

¹ Denotes required field

Please select the appropriate action below:

☒ I am the above-named **Appellant**, and hereby withdraw my appeal in the above-referenced matter.

Although you are not required, you may state the reason for withdrawal: **Appealing through SPOG via CBA**

☐ I am the above-named **Authorized Representative** of the Appellant, and hereby withdraw the appeal in the above-referenced matter on the Appellant's behalf.

☐ I am the above-named **Appellant**, Respondent and I have entered into a settlement agreement which resolves the appeal to my satisfaction. (See: CSC Rule 5.22E 1-3). The settlement agreement is attached for the record.

☐ I am the **Authorized Representative** of the Appellant. Respondent and Appellant have entered into a settlement agreement which resolves the appeal to the satisfaction of the Appellant. (See: CSC Rule 5.22E 1-3). The settlement agreement is attached for the record.

By signing and dating below, I certify that the information on this form is correct.

Signature: Kevin Dave

Date: 2/22/25

Please submit this completed form via email to andrea.scheele@seattle.gov. This form may also be submitted via regular mail to **City of Seattle Civil Service Commission, 700 5th Avenue, Suite 1670-P.O. Box 94729, Seattle, WA 98124-4729** or by fax to (206) 684-0755. If you are sending via regular mail, please notify staff that you are mailing in the document.

A Dismissal Order will be issued by the Presiding Officer or Executive Director.



CITY OF SEATTLE CIVIL SERVICE COMMISSIONS

APPEAL NO. PSCSC No. 25-01-001A

FILED: January 10, 2025

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.

I. Kevin Dave

Appellant's Full Name	Work Address	Work Telephone
[REDACTED]	[REDACTED]	[REDACTED]
Residence Address	City /State/Zip	Home Telephone/Email
Police Officer	Seattle Police Department	Ian Stuart
Job Title/Position	Department/Unit	Immediate Supervisor
8-November-2019	8-November-2019	[REDACTED]
Start Date in Position	City Employee Since, Month/Date/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): Sec. 7 and Rule 5.01b

☐ Other Personnel Related Issue: (Please briefly state the issue): _____

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.

Reason for this appeal (Please include dates, location and action): _____

Remedy Sought (What do you want?): _____

III. UNION:

WHAT IS THE NAME OF YOUR UNION ASSOCIATION OR GUILD?

Seattle Police Officer's 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. 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 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

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

Tel (206) 233-7118, Fax: (206) 684-0755, <http://www.seattle.gov/CivilServiceCommissions/>

An equal employment opportunity employer. Accommodations for people with disabilities provided upon request

Email: _____

Signature of Attorney/Representative: (If filling out this form):

_____ Date _____

A. **APPELLANT:**

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

Mailing Address: _____

Personal Email: _____

Home/Cell Phone (Include Area Code): _____

Kevin Dave

APPELLANT'S NAME (PLEASE PRINT)


SIGNATURE OF APPELLANT

1/10/25

DATE

City of Seattle Civil Service Commissions

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

Tel (206) 233-7118, Fax: (206) 684-0755, <http://www.seattle.gov/CivilServiceCommissions/>

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