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**PSCSC no. 25-01-024A**

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

1  
2 **BEFORE THE CITY OF SEATTLE**  
3 **PUBLIC SAFETY CIVIL SERVICE COMMISSION**

4 In the matter of the appeal of

5 **STEPHEN ENGLUND**

6 Appellant

7 V.

8 **SEATTLE POLICE DEPARTMENT**

9 Respondent

**DECLARATION OF SERVICE**

**PSCSC no. 25-01-024A**

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

13

Party	Method of Service
Appellant: Stephen Englund [REDACTED]	<input checked="" type="checkbox"/> E-Mail
Respondent: Seattle Police Department  Mike Fields Executive Director, Human Resources, SPD <a href="mailto:MichaelR.Fields@seattle.gov">MichaelR.Fields@seattle.gov</a>  Allen McKenzie, Labor and Employment Advisor, SPD <a href="mailto:Allen.McKenzie@seattle.gov">Allen.McKenzie@seattle.gov</a>	<input checked="" type="checkbox"/> E-Mail

21

22 DATED: October 31, 2025, at Seattle, Washington.

23 *Teresa R. Jacobs*

Teresa R. Jacobs, Executive Assistant  
Civil Service Department

**City of Seattle  
Civil Service Department**

**VOLUNTARY REQUEST TO WITHDRAW APPEAL**

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

<b><sup>1</sup> Appellant Name:</b> Stephen Englund	<b><sup>1</sup> Case No:</b> 2024OPA-0440
<b><sup>1</sup> Respondent:</b> City of Seattle	

<sup>1</sup> 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.*

Reason for Withdrawal: \_\_\_\_\_

Appellant: Stephen Englund Date: 10/14/2025

- ☐ 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 **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: PSCSC Rule 6.07b-CSC Rule 5.22). *The settlement agreement is attached for the record.*

Authorized Representative: \_\_\_\_\_

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

- ☐ The **Appellant and Respondent** have entered into a settlement agreement which resolves the appeal and is stipulated by the parties. (See: PSCSC Rule 6.07b-CSC Rule 5.22).

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

or

Authorized Representative: \_\_\_\_\_

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

Respondent or Representative thereof: \_\_\_\_\_

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

Please submit this completed form via email to [andrea.scheele@seattle.gov](mailto:andrea.scheele@seattle.gov) and [Teresa.jacobs@seattle.gov](mailto:Teresa.jacobs@seattle.gov) or mail to the commission office: 700 Fifth Avenue, Suite 1670, PO Box 94729, Seattle, WA 98124-4729

*PSCSC Rule 6.07 b. Upon resolution of a matter prior to hearing any party may request the dismissal of the matter. A stipulation signed by both parties should be submitted to the Commission prior to such dismissal.*



CITY OF SEATTLE CIVIL SERVICE COMMISSIONS

APPEAL NO. 25-01-024A

FILED: August 28, 2025

TRY

## 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](mailto:Andrea.Scheele@seattle.gov) or [Teresa.Jacobs@seattle.gov](mailto:Teresa.Jacobs@seattle.gov)

**An original signature of the appellant or authorized representative is required for appeals.**

I. Stephen Brad Englund 3001 S Myrtle St, Seattle, WA (206) 484-5310  
Appellant's Full Name Work Address Work Telephone  
[REDACTED] [REDACTED]  
Residence Address City /State/Zip Home Telephone/Email  
Police Officer Seattle Police Department/ B132R Sgt. John Marion  
Job Title/Position Department/Unit Immediate Supervisor  
June 2023 April 19, 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): \_\_\_\_\_

☒ Other Personnel Related Issue: (Please briefly state the issue): Discipline grievance in  
regards to 2024OPA-0440.

**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):** On August 25, 2025, I received

an 18-hour suspension without pay pursuant to discipline imposed from sustained complaints in 2024OPA-0440.

These complaints were sustained without just cause in violation of the CBA. Language used in the Final DAR is not supported by the investigation. There are multiple violations of the CBA regarding the administrative process by OPA, the department and my Chain of Command. The discipline was handed to me at the South Precinct in Cpt. T. Nguyen's office.

**Remedy Sought (What do you want?):** I want the suspension dismissed and I be made whole.

I want the sustained complaints changed to "not sustained" and the entire investigation removed from my record.

### 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): (509) 901-9600

Stephen Englund  
\_\_\_\_\_  
APPELLANT'S NAME (PLEASE PRINT)

*Stephen Englund*  
\_\_\_\_\_  
SIGNATURE OF APPELLANT

08/28/2025  
\_\_\_\_\_  
DATE

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