NC STATE

University Human Resources

SHRA Grievance Form

This completed form must be received by University Human Resources Employee Relations within **15 calendar days** of the event(s) or your knowledge of the event(s) being grieved. For more information, please refer to the University System SHRA Employee Grievance Policy or contact Employee Relations at 919-515-6575 or via email at employeerelations@ncsu.edu.

PART 1: GRIEVANT CONTACT INFORMATION			
Legal Name:		**Preferred Name:**	
Position Title:		**Employee ID:**	
Home Street Address:		**Home/Cell Phone:**	
Home City, State, Zip:		**Work Phone:**	
Preferred Email Address:			
Department Name:			
Immediate Supervisor:		**2nd-Level Supervisor:**	

PART 2: SUBJECT OF APPEAL	
Date of Event(s) Being Grieved:	

Issue(s) Being Grieved:

☐ **Disciplinary Action**:
- ☐ Suspension without Pay
- ☐ Demotion
- ☐ Dismissal

☐ **Involuntary Separation Due to Unavailability**

☐ **Hiring Action:**
- ☐ Failure to give priority consideration
- ☐ Failure to post position as required

☐ **Veterans/National Guard Preference:**
- ☐ Failure to give preference in initial/subsequent hiring
- ☐ Failure to give preference in layoff determination

☐ **Annual Performance Appraisal:**
- ☐ Overall rating of "Not Meeting Expectations"

☐ **Personnel File:**
Denial of request to remove inaccurate/misleading information from applicant/personnel file
Specify: _____

☐ **Harassment** or ☐ **Discrimination: ****

Based on grievant's:
- ☐ Race/Color
- ☐ National Origin
- ☐ Religion
- ☐ Veterans/Nat. Guard Status
- ☐ Disability
- ☐ Genetic Information
- ☐ Sex
- ☐ Sexual Orientation
- ☐ Gender Identity
- ☐ Age

(for discrimination, you must also check at least one box below):
- ☐ Hiring/Promotion
- ☐ Training
- ☐ Dismissal
- ☐ Layoff
- ☐ Compensation
- ☐ Suspension
- ☐ Demotion
- ☐ Other: _____

Retaliation

Based on the grievant:
- ☐ Protesting Prohibited Harassment/Discrimination
- ☐ Alleging Improper Government Activity (Whistleblower)

**Please note that Employee Relations will refer grievances pertaining to discrimination and/or harassment to the Office of Equal Opportunity for completion of the EEO Informal Inquiry Process prior to proceeding through the university's formal internal grievance process.

PART 3: REASONS FOR THIS GRIEVANCE
State your specific concerns and detailed information supporting your grievance. You may attach a statement and/or other relevant supporting documentation to this form, if necessary. Failure to provide sufficient information may result in this form being returned to you for completion or may result in your grievance being dismissed.

PART 4: INORMAL DISCUSSION
Have you met with your manager (or higher-level manager) to try to resolve your concerns? If yes, please indicate the date and outcome of that discussion.***
☐ Yes ☐ No Date and outcome:

PART 5: DESIRED OUTCOME OF THIS GRIEVANCE
Please describe what you would like to have happen.

PART 6: STATEMENT ON NON-RETALIATION
Employees have the right to use this procedure free from threats or acts of retaliation, interference, coercion, restraint, discrimination, or reprisal. Employees may not be retaliated against for participating in a Grievance as a Grievant, a Respondent, a Witness, or as a Grievance Hearing Panelist or Hearing Officer.

PART 7: GRIEVANT CERTIFICATION			
I hereby certify that all information submitted on this form and any supporting documentation is true, complete to the best of my knowledge and belief, and filed in good faith. I understand that I must continue to meet the performance and conduct expectations of my employment during this Grievance process.			
Signature:		**Date:**	

HOW TO FILE:
Mail/Hand-Deliver this form to: UHR Employee Relations, 2711 Sullivan Drive, Administrative Services Building II Raleigh, North Carolina 27695
OR email this form to: employeerelations@ncsu.edu

*** Prior to filing a grievance about any issue which does not involve an allegation of unlawful discrimination, harassment, or retaliation and does not involve a disciplinary action or a non-disciplinary separation due to unavailability, the employee shall first discuss the grievable issue with the immediate supervisor or other appropriate supervisor in the employee's chain of command in an effort to resolve the concerns.