



EHRA NON-FACULTY GRIEVANCE FILING FORM

Please Note: You must submit this Grievance Filing Form within 30 calendar days of the event (or knowledge of the event) that you are requesting to be reviewed; or, within the extended deadlines listed in Part 3 below; otherwise, your Grievance cannot be accepted.

PART 1: PERSONNEL INFORMATION

Form with fields for Name (First, Middle, Last), Today's Date, Position Title, PID, Home Street Address, Home Phone, Home City, State, Zip, Work Phone, Campus Address, CB#, Department Name, Dept Number, and Immediate Supervisor.

PART 2: TYPE OF GRIEVANCE

Check the box which most accurately describes the nature of your Grievance:
- Contested discharge for cause.
- Alleged violations of the Complainant's rights guaranteed by the First Amendment to the United States Constitution or Article I of the North Carolina Constitution.
- Harassment or Discrimination based on: Age, Race/Color, Sex, Disability, Ethnicity, Sexual Orientation, Religion, National Origin, Gender Identity, Political Affiliation, Creed, Gender Expression.
- Discontinuation without appropriate notice, or without temporary extension of appointment in the absence of such notice, as provided for in the EHRA Non-Faculty Employment Policies.
- Alleged violation of a specific University rule, regulation, or policy, state law or policy, or federal law pertaining to the employment relationship between the Complainant and the University that adversely and materially affected the Complainant's terms and conditions of employment.
- Retaliation for filing a Grievance in good faith or for cooperating or otherwise participating in good faith in an investigation of a Grievance.

PART 3: DATE OF EVENT LEADING TO GRIEVANCE

Date of the event (or knowledge of the event) that you are grieving:
Are you requesting an extended deadline? Yes No
If YES, indicate the process(es) in which you participated. You must have initiated one or more of these process(es) within 30 calendar days of the event that you are grieving AND must file this Grievance Form by the deadlines indicated below; otherwise, your Grievance will not be accepted. Documentation establishing your participation in and the relevancy of the activity(ies) below to this Grievance must be included with this Form in order to be considered.
- Office of Human Resources Mediation: Must file within 10 calendar days of termination of Mediation process.
- Administrative Review for Harassment/Discrimination: Must file within 10 calendar days of receipt of completed Administrative Review Report



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		Today's Date:	
Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>

PART 4: DESCRIPTION OF ISSUE BEING GRIEVED

In order for your Grievance to be addressed properly, you must provide detailed information for each question below. Failure to provide sufficient information may result in your Grievance Filing Form being returned to you for completion or may result in your Grievance being dismissed. If you would like assistance in completing this form, please contact Employee & Management Relations at (919) 843-3444.

A. DESCRIPTION. Describe the event(s) that caused you to file this Grievance. You must specifically explain how the event applies to one or more of the items in Part 2 above and indicate any reasonable attempt(s) taken informally to resolve the matter(s) in dispute (attempts to resolve not required if filing a Grievance for a discharge for cause).

B. OUTCOMES. Describe your desired outcome of the Grievance. Desired outcomes must be reasonable, appropriate, and within the ability of the University to provide.

C. ATTACHMENTS. You may attach additional information that supports your case. If so, please number each page and indicate here the total number of pages (not including this Form) that you are attaching.

PART 5: 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 Complainant, a Respondent, a Witness, or a Review Committee Member.

PART 6: CERTIFICATION

I hereby certify that all information submitted on this Grievance Filing Form is true and complete to the best of my knowledge and belief. I understand that if I continue to be employed by the University during the resolution process of this Grievance, I must continue to meet the performance and conduct expectations of my employment.

Complainant's Signature:	Date:
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Mail this form to: Employee & Management Relations, UNC Office of Human Resources
104 Airport Drive, CB# 1045, Chapel Hill, NC 27599-1045.

OR Fax this form to: Employee & Management Relations at 919-962-8658.

OR Deliver this form to: HR Service Center, Suite 1100, Office of Human Resources, 104 Airport Drive, Chapel Hill.