



**EHRA NON-FACULTY GRIEVANCE PROCESS
COMPLAINANT REPLY FORM**

Please Note: You must submit this Complainant Reply Form within the deadlines indicated below; otherwise, your requested action cannot be accepted.

PART 1: PERSONNEL INFORMATION

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

PART 2: TYPE OF GRIEVANCE APPEAL OR ACTION

Check the box which most accurately describes the nature of your Grievance Appeal or Action:

APPEALS	DEADLINE TO FILE
<input type="checkbox"/> Step 1 Decision Unsatisfactory	Within 10 calendar days of receiving Step 1 Decision
<input type="checkbox"/> Step 2 Decision Unsatisfactory	Within 10 calendar days of receiving Step 2 Decision
<input type="checkbox"/> Step 3 Decision Unsatisfactory	Within 10 calendar days of receiving Step 3 Decision
OTHER ACTIONS	DEADLINE TO FILE
<input type="checkbox"/> Step 1 Decision Accepted	Within 10 calendar days of receiving Step 1 Decision
<input type="checkbox"/> Step 2 Decision Accepted	Within 10 calendar days of receiving Step 2 Decision
<input type="checkbox"/> Step 3 Decision Accepted	Within 10 calendar days of receiving Step 3 Decision
<input type="checkbox"/> Withdrawal/Termination of Review Request	At any time during the process

PART 3: DESCRIPTION OF ACTION

A. DESCRIPTION. Please indicate your disagreement with the recommendation, action, or reply in the applicable part of the Grievance. Please make your statements as specific as possible so that the basis for your appeal or request can be fully considered. If accepting a decision, no further comment is needed.

B. 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 4: CERTIFICATION

I hereby certify that all information submitted on this Grievance Complainant Reply 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: _____

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.