



SHRA GRIEVANCE INITIAL FILING FORM

Please Note: In order to be eligible for consideration, your completed "SHRA Grievance Initial Filing Form" must be received by the Grievance Officer in the Office of Human Resources 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 (hr.unc.edu/shra-grievance-policy) or contact Employee & Management Relations at emr@unc.edu or 919-843-3444.

<p><i>For Office of Human Resources Use Only</i></p>
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PART 1: GRIEVANT CONTACT INFORMATION

Grievant's Full Name:		Case #: <i>(office use only)</i>	
Position Title:		PID:	
Home Street Address:		Home/Cell Phone:	
Home City, State, Zip:		Work Phone:	
Preferred Email Address:			
Department Name:		Dept Number:	
Campus Address:		CB#:	
Immediate Supervisor:		2nd-Level Supervisor:	

PART 2: SUBJECT OF APPEAL

Date of Event(s) Being Grieved:																													
Issue(s) Being Grieved:																													
<input type="checkbox"/> Disciplinary Action: <input type="checkbox"/> Suspension without Pay <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Involuntary Separation Due to Unavailability <input type="checkbox"/> Hiring Action: <input type="checkbox"/> Failure to give priority consideration <input type="checkbox"/> Failure to post position as required <input type="checkbox"/> Veterans Preference: <input type="checkbox"/> Failure to give preference in initial/subsequent hiring <input type="checkbox"/> Failure to give preference in layoff determination <input type="checkbox"/> Annual Performance Appraisal: <input type="checkbox"/> Overall rating of "Not Meeting Expectations" <input type="checkbox"/> Personnel File: Denial of request to remove inaccurate/misleading information from applicant/personnel file Specify: _____	<input type="checkbox"/> Harassment or <input type="checkbox"/> Discrimination: ** <i>Based on grievant's (you must check at least one box below):</i> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Race/Color</td> <td><input type="checkbox"/> Genetic Information</td> </tr> <tr> <td><input type="checkbox"/> National Origin</td> <td><input type="checkbox"/> Sex</td> </tr> <tr> <td><input type="checkbox"/> Religion</td> <td><input type="checkbox"/> Sexual Orientation</td> </tr> <tr> <td><input type="checkbox"/> Veterans Status</td> <td><input type="checkbox"/> Gender Identity</td> </tr> <tr> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Gender Expression</td> </tr> <tr> <td><input type="checkbox"/> Age</td> <td></td> </tr> </table> <i>(for <u>discrimination</u>, you must <u>also</u> check at least one box below):</i> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Hiring/Promotion</td> <td><input type="checkbox"/> Compensation</td> </tr> <tr> <td><input type="checkbox"/> Training</td> <td><input type="checkbox"/> Suspension</td> </tr> <tr> <td><input type="checkbox"/> Dismissal</td> <td><input type="checkbox"/> Demotion</td> </tr> <tr> <td><input type="checkbox"/> Layoff</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <input type="checkbox"/> Retaliation in regard to: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Hiring/Promotion</td> <td><input type="checkbox"/> Compensation</td> </tr> <tr> <td><input type="checkbox"/> Training</td> <td><input type="checkbox"/> Suspension</td> </tr> <tr> <td><input type="checkbox"/> Dismissal</td> <td><input type="checkbox"/> Demotion</td> </tr> <tr> <td><input type="checkbox"/> Layoff</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> <i>Based on the grievant:</i> <input type="checkbox"/> Protesting Prohibited Harassment/Discrimination <input type="checkbox"/> Alleging Improper Government Activity (Whistleblower)	<input type="checkbox"/> Race/Color	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex	<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Veterans Status	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Age		<input type="checkbox"/> Hiring/Promotion	<input type="checkbox"/> Compensation	<input type="checkbox"/> Training	<input type="checkbox"/> Suspension	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Demotion	<input type="checkbox"/> Layoff	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hiring/Promotion	<input type="checkbox"/> Compensation	<input type="checkbox"/> Training	<input type="checkbox"/> Suspension	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Demotion	<input type="checkbox"/> Layoff	<input type="checkbox"/> Other: _____
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****Protected Class Definitions may be accessed at: hr.unc.edu/policy-discrimination**



PART 3: REASONS FOR THIS GRIEVANCE

NOTE: In order to address your grievance properly, you must provide detailed information supporting your case. You are strongly encouraged to follow the instructions provided in the “Guidelines for Grievances” document (hr.unc.edu/grievance-guidelines). You may attach relevant supporting documentation to this filing form, but if you do so, you must explain specifically how any attached documentation supports your case.

Failure to provide sufficient information may result in this “SHRA Grievance Initial Filing Form” being returned to you for completion or may result in your grievance being dismissed. If you would like additional assistance in completing this form, contact the Grievance Officer, Employee & Management Relations, at 919-843-3444.

For allegations of Harassment:

Please provide the following information:

Incident:

- a. Date:
- b. Location:
- c. Witness(es) [if any]
- d. Share specific information indicating how the incident alleged constitutes harassment based on the protected class referenced on page 2:

For allegations of Discrimination:

Please provide the following information:

Incident:

- a. Date:
- b. Location:
- c. Witness(es) [if any]
- d. Share specific information indicating how the incident alleged constitutes discrimination based on the protected class referenced on page 2:

For all other grievable issues please provide detailed information below regarding the incident giving rise to this grievance.



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PART 4: DESIRED OUTCOME OF THIS GRIEVANCE

Refer to the "Guidelines for Grievances" for assistance in describing your desired outcome.



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PART 5: WHAT HAPPENS NEXT

The Grievance Officer will review your submission for eligibility.

For Grievances in Regard to Disciplinary Action or Involuntary Separation due to Unavailability:

- The Grievance Officer will schedule a Step 1 Mediation, generally within 35 calendar days of the date you submitted your "SHRA Grievance Initial Filing Form." Your department will designate a "Respondent" who will participate in the Mediation with you. The Grievance Officer will inform you of the date, time, and location of the Mediation.
- If Mediation does not resolve the issue, you have five (5) calendar days from the date of the Mediation to submit an "SHRA Grievance Supplemental Filing Form" to Employee & Management Relations in order to continue the Grievance process.

For Grievances in Regard to Harassment, Discrimination, and/or Retaliation:

- The Grievance Officer will forward your Grievance to the Equal Opportunity/ADA Office, which will conduct an Equal Opportunity Informal Inquiry.
- If you are not satisfied with the written response from the Informal Inquiry, you have fifteen (15) calendar days from the date you receive the written response from the Informal Inquiry to submit an "SHRA Grievance Supplemental Filing Form" to Employee & Management Relations in order to continue the Grievance process.

For All Other Grievances:

- The Grievance Officer will facilitate an Informal Discussion process with you and your management in attempt to resolve the issue without requiring the formal Grievance process.
- If you are not satisfied with the outcome of the Informal Discussion process, you have fifteen (15) calendar days from the date you submitted the "SHRA Grievance Initial Filing Form" to submit an "SHRA Grievance Supplemental Filing Form" to Employee & Management Relations in order to continue the Grievance process.

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 Panel member. Please refer to the "Roles, Rights, and Responsibilities" for Grievants available on the Office of Human Resources website or from Employee & Management Relations.

PART 7: GRIEVANT CERTIFICATION

I hereby certify that all information submitted on this "SHRA Grievance Initial Filing 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:	
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Mail this form to: Employee & Management Relations, UNC Office of Human Resources, 104 Airport Drive, 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 1500, Office of Human Resources, 104 Airport Drive, Chapel Hill.