

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

**PART 1: GRIEVANT INFORMATION**

<b>Full Name:</b>
<b>PID:</b>
<b>Today's Date</b>
<b>Email Address:</b>

**PART 2: TYPE OF GRIEVANCE APPEAL OR ACTION**

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

<b>Appeals</b>	<b>Deadline to File</b>
Step 1 Decision Unsatisfactory . . . . .	Within 10 calendar days of receiving Step 1 Decision
Step 2 Decision Unsatisfactory . . . . .	Within 10 calendar days of receiving Step 2 Decision
Step 3 Decision Unsatisfactory . . . . .	Within 14 calendar days of receiving Step 3 Decision

<b>Other Actions</b>	<b>Deadline to File</b>
Step 1 Decision Accepted . . . . .	Within 10 calendar days of receiving Step 1 Decision
Step 2 Decision Accepted . . . . .	Within 10 calendar days of receiving Step 2 Decision
Step 3 Decision Accepted . . . . .	Within 14 calendar days of receiving Step 3 Decision
Withdrawal/Termination of Review Request . . . . .	At any time during the process

**PART 3: RESPONSE**

**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.

**PART 3: RESPONSE**

**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 EHRANF Complainant Reply Form and any supporting documentation is true, complete to the best of my knowledge and belief, and filed in good faith. I understand that submitting this form does not ensure the grievance will be found in my favor, and that I must continue to meet the performance and conduct expectations of my employment during this Grievance process.

**Signature:**

**Date:**

**Email this form to:**

Grievance Coordinator at [grievance@unc.edu](mailto:grievance@unc.edu)

**OR**

**Hand-Deliver this form to:**

Office of Human Resources Main Reception,  
Suite 1500, Administrative Office Building (AOB),  
104 Airport Drive, Chapel Hill.

*If using an envelope, clearly write "Attention: Grievance Coordinator".*