



EHRANF GRIEVANCE FORM

Please Note: You must submit this EHRA Non-Faculty Grievance 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. Your supervisor may receive a copy of this information.

PART 1: COMPLAINANT INFORMATION

Full Name:	Pronouns:
Position Title:	PID:
Home Street Address:	Home/Cell Phone: (<i>Permission to leave message Yes No</i>)
Home City, State, Zip:	Work Phone:
UNC Email Address:	Personal Email Address:
Department Name:	Dept Number:
Campus Address:	CB#:
Immediate Supervisor:	

PART 2: SUBJECT OF GRIEVANCE

Check the box(es) which most accurately describe the nature of your Grievance (*continued on page 2*):

Contested discharge for cause.

For cases of contested discharge for cause, you are allowed to be assisted by an attorney at your own expense. Check here to indicate that you will have legal representation participating in this process.

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:

- | | | |
|----------------------------|---------------------------|--------------------------|
| <i>Age</i> | <i>Religion</i> | <i>Gender Identity</i> |
| <i>Color</i> | <i>Sexual Orientation</i> | <i>Gender Expression</i> |
| <i>Disability</i> | <i>Sex</i> | <i>Veteran Status</i> |
| <i>Genetic Information</i> | <i>National Origin</i> | |
| <i>Race</i> | <i>Gender</i> | |

PART 2: SUBJECT OF GRIEVANCE (CONTINUED)

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. *(Indicate specific policy at issue in Part 4).*

Retaliation or filing a Grievance in good faith or for cooperating or otherwise participating in good faith in an investigation of a Grievance.

PART 3: REASONS FOR THIS 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:	Investigation of Harassment/Discrimination:
Must file within 10 calendar days of termination of Mediation process.	Must file within 10 calendar days of outcome of EOC Investigation

PART 4: DESCRIPTION OF ISSUE BEING GRIEVED

For your Grievance to be properly addressed, you must provide detailed information for each question below. Failure to provide sufficient information may result in your Grievance Form being returned to you for completion or may result in your Grievance being dismissed.

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):

PART 4: DESCRIPTION OF ISSUE BEING GRIEVED (CONTINUED)

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

You may attach documents that support your case. If so, please number each page and indicate the total number of pages (not including this Form) that you are attaching.

PART 5: WHAT HAPPENS NEXT

The Grievance Coordinator will confirm the receipt of your grievance, inform you of next steps in the process, and answer any questions you may have.

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 Complainant, a Respondent, a Witness, or a Review Committee Member.

PART 7: GRIEVANT CERTIFICATION

I hereby certify that all information submitted on this EHRANF Grievance 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

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".