EHRANF RESPONDENT REPLY FORM

Please Note: You must submit this Reply Form within the deadlines indicated below.

PART 1: RESPONDENT INFORMATION
Full Name:
PID:
Today's Date
Email Address:
PART 2: TYPE OF RESPONSE
Check the box for the type of Grievance Reply you are filing:

Response to Initial Grievance from Complainant (Step 1)... Within 10 calendar days of receiving Grievance Form

Response to Panel Recommendation (Step 2)..... Within 15 calendar days of receiving Step 2 Recommendation

Deadline to File

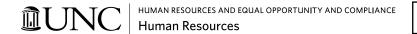
PART 3: RESPONSE

(See Policy and Procedures for more details on each step)

Description:

Responses

Indicate your response below. Be sure to address the specific issues raised in the initial Grievance Form from the Complainant (Step 1) or the Panel Recommendation (Step 2).



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

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PART 3: RESPONSE (CONTINUED) 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 Respondent Reply Form is true and complete to the best of my knowledge and belief. 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.