

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:

Responses	Deadline to File
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

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

PART 3: RESPONSE

Description:
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*).

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.

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