

Please Note: To be eligible for consideration your completed SHRA Grievance Form must be submitted within **15 calendar days** of the event(s) or your knowledge of the event(s) being grieved. Your supervisor may receive a copy of this information.

PART 1: GRIEVANT INFORMATION

Grievant's 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:	2nd-Level Supervisor
<p>If there is another supervisor in your chain of command who would have more information than your direct supervisor, or another appropriate person or office who has jurisdiction regarding the action(s) or event(s) that you are grieving, please name that person here:</p> 	
<p>Type of Grievant:</p> <p>Probationary State employee or former probationary State employee</p> <p>Career State employee or former career State employee</p> <p>Applicant for University employment <i>(initial hire, promotion or reemployment)</i></p>	

PART 2: SUBJECT OF GRIEVANCE

Date of Event(s) Being Grieved:

Issue(s) Being Grieved *(in accordance with University System SHRA Employee Grievance Policy and applicable law):*

Disciplinary action without just cause:

- Suspension without pay
- Demotion
- Dismissal

Involuntary non-disciplinary separation due to unavailability.

Retaliation Based on:

- Protesting *(objecting to or supporting another person's objection to)* unlawful discrimination or harassment
- Reporting unlawful government activity *(whistle blowing)*

Denial of reemployment or hiring due to denial of reduction-in-force priority.

Denial of promotional opportunity due to failure to give priority consideration for promotion to a Career State employee.

Denial of hiring or promotional opportunity due to failure to post position *(unless hiring opportunity is not required to be posted by law).*

Denial of veteran's preference.

Denial of National Guard preference.

Denial of request to remove inaccurate and misleading information from personnel or applicant file.

Overall performance rating of less than "meets expectations".

Items covered in the University's Policy Statement on Non-Discrimination which promote inclusion and diversity, but not within the definition of unlawful discrimination, harassment, and retaliation.

Discrimination/Harassment based on grievant's:

(you must check at least one)

- | | |
|---------------------|--|
| Age | Political affiliation |
| Color | Race |
| Disability | Religion |
| Genetic information | Sex <i>(including sexual orientation, gender identity, gender expression, and pregnancy)</i> |
| National origin | |

PART 3: REASONS FOR THIS GRIEVANCE

For your grievance to be properly addressed, you must provide detailed information supporting your case. You may attach relevant documents; you must be specific when explaining how the attached documents support your case. Failure to provide sufficient information may result in requests for more information or your grievance being dismissed. Please indicate either the number of pages you are attaching, or list the names of the documents:

For allegations of Discrimination and/or Harassment, please provide the following incident information:

Date:

Location:

Witness(es):
if any

PART 3: REASONS FOR THIS GRIEVANCE (CONTINUED)

Specific information indicating how the alleged incident constitutes discrimination and/or harassment based on the protected class referenced above:

For all other grievable issues please provide detailed information below, including but not limited to relevant dates and persons involved, regarding the incident(s) giving rise to this grievance:

PART 4: DESIRED OUTCOME OF THIS GRIEVANCE

Please outline your desired outcome of the grievance process:

PART 5: WHAT HAPPENS NEXT

The Grievance Coordinator will review your submission for eligibility. If eligible, the next steps are outlined below.

For Grievances Regarding Disciplinary Action or Involuntary Separation due to Unavailability:

- ◆ The Grievance Coordinator will schedule a Step 1 Mediation with the Office of State Human Resources generally within 35 calendar days of the date you submitted your SHRA Grievance Form. Your department will designate a “Respondent” who will participate in the Mediation with you. The Grievance Coordinator will inform you of the date, time, and location of the Mediation.
- ◆ If Mediation does not resolve the issue, you will have five (5) calendar days from the date of the conclusion of Mediation to submit an SHRA Grievance Declaration Form to the Grievance Coordinator to continue the Grievance process.

For Grievances Regarding, Discrimination, Harassment and/or Retaliation based on a protected status:

- ◆ The Grievance Coordinator will forward your Grievance to the Equal Opportunity and Compliance (EOC) Office. The EOC Office will contact you about next steps.
- ◆ If you are not satisfied with the outcome from the EOC Office, you have 15 calendar days from the date of the EOC decision to submit an SHRA Grievance Declaration Form to the Grievance Coordinator to continue the Grievance process.

For All Other Grievances:

- ◆ The Grievance Coordinator will coordinate an Informal Discussion process with you; your supervisor, another supervisor in your chain of command, or another appropriate person; and a representative from Human Resources.

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.

PART 7: GRIEVANT CERTIFICATION

I hereby certify that all information submitted on this SHRA 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".