**Instructions:** A grievance must be filed within **15 calendar days** of the alleged event or action that is the basis of the grievance. To file a grievance, complete the following form and submit it to the Human Resources Office by:

**Fax:** 919-715-6046, Attention ER/EEO Manager **Email:** Angela.Hamilton@labor.nc.gov

**Mail:** 1101 Mail Service Center, Raleigh, NC 27699-1101 **In Person:** 4 W Edenton St., Raleigh, NC 27601

For specific information regarding the grievance process and timeframes, please refer to the Employee Grievance Policy at:

<https://oshr.nc.gov/grievance-policy-effective-april-2023/open>

**Important Note:** *Not required**for Dismissal, Demotion, Suspension without Pay and Separation Due to Unavailability unless an allegation of unlawful discrimination, harassment, or retaliation is alleged*.

|  |
| --- |
| **GRIEVANT INFORMATION** |
| **COntact Information**  |

| **Full Legal Name:** |  | **Personnel Number:** |  |
| --- | --- | --- | --- |
| **Mailing Street Address:** |  |
| **City, County, State & Zip Code:** |  |
| **Preferred Contact Number(s):** |  |
| **Preferred Email Address:** |  |
| **DEMOGRAPHIC INFORMATION** |
| **Gender:** | [ ]  Male [ ]  Female | **Race:** | [ ]  White [ ]  Black or African American [ ]  Asian [ ]  American Indian [ ]  Hispanic [ ]  Native Hawaiian or Pacific Islander [ ]  2 or more Races |
| **Veterans Status:** | [ ]  Veteran [ ]  Protected Veteran [ ]  Not a Protected Veteran [ ]  Non-Veteran |
| **EMPLOYMENT INFORMATION** |
| **Employment Status:** | [ ]  Career State Employee [ ]  Former Career State Employee [ ]  Probationary State Employee [ ]  Former Probationary State Employee [ ]  Applicant |
| **Division:** |  | **Work City/County:** |  |
| **Classification/Position Title:** |  | **Salary Grade:** |  |
| **Immediate Supervisor’s Name:** |  |

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| **GRIEVANCE TIMEFRAME** |
| **date of alleged event or action** |
| **Date of Event(s) Being Grieved or Unlawful Action:** |  |
| **Discrimination Basis** |
| Select from the list below.: |
| [ ]  Race [ ]  Sex [ ]  National Origin [ ]  Disability [ ]  Color [ ]  Religion [ ]  Genetic Information [ ]  Age (40+)[ ]  Political Affiliation [ ]  Veterans’ Preference  |

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| --- |
| **GRIEVANCE DETAILS** |
| **GRIEVABLE ISSUE(S):** |
| **Policy Violations: If alleging discrimination or retaliation, select the alleged unlawful action**  |
| **Disciplinary:**[ ]  Dismissal [ ]  Demotion [ ]  Suspension without Pay**Non-Disciplinary:**[ ]  Separation due to Unavailability[ ]  Inaccurate and misleading information in file (excludes contents of performance appraisal and written disciplinary action)[ ]  Reasonable Accommodation[ ]  Work Assignments[ ]  Hiring | **Non-Disciplinary cont.:**[ ]  Overall performance rating of less than “meets expectation” or equivalent[ ]  Failure to give priority consideration for promotion[ ]  Denial of RIF priority in reemployment or hiring[ ]  Denial of Veteran’s Preference [ ]  Failure to post position[ ]  “Whistle Blower” |
| **GRIEVANCE summary** |
| For your grievance to be eligible for consideration, you must provide a clear and concise summary supporting your claim. Please include any relevant information (including dates) for **each** of the issues being grieved. (Attach additional sheets if needed.) |
|  |
| Were additional sheets attached?  | ☐ No ☐Yes | If yes, check the number of sheets attached:  | ☐1 ☐ 2 ☐ 3+ more |
| **DESIRED OUTCOME OF THIS GRIEVANCE** |
| Provide a summary of the desired resolution to your grievance. |
|  |
| **NON-RETALIATION** |
| Employees have the right to use the grievance process free from threats or acts of retaliation, interference, coercion, restraint, discrimination, or reprisal.  |
| **grievant certification** |
| I hereby certify that all information submitted on this EEO Informal Inquiry Complaint – Grievance Filing Form is true and complete to the best of my knowledge and that I have received this Step 2 Grievance Filing Form, the Grievance Policy, and the Grievance Procedure.  |
| **Signature:** |  | **Date:** |  |

**INTERNAL USE ONLY:**

***The Following to be Completed by the Division Human Resources Office.***

Received by (Name and Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the grievance timely (yes \_\_\_\_or no \_\_\_\_), grievable issue (yes \_\_\_\_or no \_\_\_\_\_)