**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](mailto: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:** | | |  | | | | | |

|  |  |
| --- | --- |
| **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 | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 \_\_\_\_\_)