



## North Carolina Department of Labor

## Step 1 – Grievance Filing Form 108-1

**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>

GRIEVANT INFORMATION			
<b>CONTACT INFORMATION</b>			
Full Name:			Personnel Number:
Home Street Address:			
City, County, State & Zip Code:			
Home/Cell Phone Number(s):			
Preferred Email Address:			
<b>DEMOGRAPHIC INFORMATION</b>			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> 2 or more Races
Veterans Status:	<input type="checkbox"/> Veteran <input type="checkbox"/> Protected Veteran <input type="checkbox"/> Not a Protected Veteran <input type="checkbox"/> Non-Veteran		
<b>EMPLOYMENT INFORMATION</b>			
Employment Status:	<input type="checkbox"/> Career State Employee <input type="checkbox"/> Former Career State Employee <input type="checkbox"/> Probationary State Employee <input type="checkbox"/> Former Probationary State Employee <input type="checkbox"/> Applicant		
Division/Bureau:		Work City/County:	
Position Title:		Work Schedule:	
Office Phone Number:		Email Address:	
Immediate Supervisor's Name:			
GRIEVANCE TIMEFRAME			
<b>DATE OF ALLEGED EVENT OR ACTION</b>			
Date of Event(s) Being Grieved or Unlawful Action:			
<b>INFORMAL STEP</b>			
Prior to filing a grievance, an employee must first complete one of the following informal steps. Please select the informal step completed and provide the date. Consult the Employee Grievance Policy linked at the top of this form for additional information.			
<b>Important Note:</b> If your concerns relate to both EEO and Policy Violation issues, you <u>must</u> first file a complaint with the agency Equal Employment Opportunity (EEO) Officer or Affirmative Action (AA) Officer within 15 calendar days.			
<input type="checkbox"/> Policy Violations: <b>Informal Discussion</b>	Date Informal Discussion Outcome Received:		
<input type="checkbox"/> EEO Violations: <b>EEO Informal Inquiry</b>	Date EEO Investigation Outcome Received:		
<input type="checkbox"/> <b>Not Required</b> – Only applies to Dismissal, Demotion, Suspension without Pay and Separation due to Unavailability <b>without</b> an EEO complaint. All EEO complaints (Unlawful Discrimination, Harassment or Retaliation) must be addressed through the EEO Informal Inquiry.			



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### GRIEVABLE ISSUE

#### GRIEVABLE ISSUE(S):

##### Policy Violations:

##### Disciplinary:

☐ Dismissal      ☐ Demotion      ☐ Suspension without Pay

**\*Note:** If you are also alleging an EEO complaint (Unlawful Discrimination, Harassment or Retaliation), use the adjacent “EEO Violations” section.

##### Non-Disciplinary:

- ☐ Separation due to Unavailability  
☐ Inaccurate and misleading information in file (excludes contents of performance appraisal and written disciplinary action)  
☐ Overall performance rating of less than “meets expectation”  
☐ Failure to give priority consideration for promotion  
☐ Denial of RIF priority in reemployment or hiring  
☐ Denial of Veteran’s Preference  
☐ Failure to post position

##### EEO Violations – Discrimination, Harassment or Retaliation:

##### Type of EEO Complaint(s):

☐ Discrimination      ☐ Retaliation      ☐ Harassment

##### In regard to:

**\*Note:** Check at least one box if alleging Discrimination and/or Retaliation.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation               | <input type="checkbox"/> Work Assignments       |
| <input type="checkbox"/> Overall Performance Rating | <input type="checkbox"/> Dismissal              |
| <input type="checkbox"/> Demotion                   | <input type="checkbox"/> Suspension without Pay |
| <input type="checkbox"/> Reasonable Accommodation   | <input type="checkbox"/> RIF                    |
| <input type="checkbox"/> Training                   | <input type="checkbox"/> “Whistle Blower”       |
| <input type="checkbox"/> Hiring                     |   |
| <input type="checkbox"/> Promotion                  |   |

##### Based on:

**\*Note:** Check at least one box if alleging Discrimination and/or Harassment.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Race                             | <input type="checkbox"/> Color                         | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Religion                         | <input type="checkbox"/> Age                           | <input type="checkbox"/> Sex             |
| <input type="checkbox"/> Disability                       | <input type="checkbox"/> Ethnicity                     | <input type="checkbox"/> Pregnancy       |
| <input type="checkbox"/> Sexual orientation               | <input type="checkbox"/> Gender Identity or Expression |  |
| <input type="checkbox"/> Genetic Information              | <input type="checkbox"/> Political Affiliation         |  |
| <input type="checkbox"/> National Guard or Veteran Status | <i>(internal process only)</i>                         |  |

### 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 up to a maximum of 2 additional pages if needed.)

Are additional sheets attached?

☐ No      ☐ Yes

If yes, check the number of sheets attached:

☐ 1      ☐ 2



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### DESIRED OUTCOME OF THIS GRIEVANCE

Provide a summary of the desired resolution to your grievance.

### NEXT STEPS

### FORM SUBMISSION

To submit your grievance, please follow the instructions at the top of page 1 of this form.

### Step 1 – Grievance Filing Form 108-1 Intake Process

Your grievance will be thoroughly reviewed upon receipt.

### STEP 1 - MEDIATION

Once your Grievance Filing Form has been received, a Step 1-Mediation will be scheduled within 35 calendar days of the date your form was submitted. Mediation provides an opportunity for the grievant and a designated agency respondent to have a discussion of the grievable issues, facilitated by a neutral third party (mediator), in an effort to resolve the grievance.

### STEP 2 – HEARING & FINAL AGENCY DECISION

If mediation does not result in a resolution at Step 1, you are eligible to proceed to the Step 2-Hearing by submitting the Step 2 Grievance Appeal Form 108-2 within 5 calendar days of the date of impasse in mediation. The hearing provides an opportunity for you to present your grievance orally to a Hearing Officer or Hearing Panel outside of your chain of command.

The hearing process shall be concluded within 35 calendar days of filing a Step 2 appeal. Following the conclusion of the hearing, a Final Agency Decision will be issued. The grievance process, in its entirety, will be completed within 90 calendar days from the date the grievance was filed.

### 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 Grievance Filing Form and any supporting documentation is true and complete to the best of my knowledge.

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 \_\_\_\_)