



SHRA GRIEVANCE INITIAL FILING FORM

To be completed by Complainant

Please Note: In order to be eligible for consideration, your completed "SHRA Grievance Initial Filing Form" must be received by Employee Relations in the Office of Human Resources within **15 calendar days** of the event(s) or your knowledge of the event(s) being grieved. This form is not effective until you have spoken to a member of Employee Relations team. For more information, please refer to the University System SHRA Employee Grievance Policy or contact Employee Relations at 910-672-1455.

For Office of Human Resources Use Only

PART 1: GRIEVANT CONTACT INFORMATION			
Grievant's Full Name:		Case #: <i>(office use only)</i>	
Position Title:		Employee ID:	
Home Street Address:		Home/Cell Phone:	
Home City, State, Zip:		Work Phone:	
Preferred Email Address:			
Department Name:			
Immediate Supervisor:		2nd-Level Supervisor:	
PART 2: SUBJECT OF APPEAL			
Date of Event(s) Being Grieved:			
Issue(s) Being Grieved:			
<input type="checkbox"/> Disciplinary Action: <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Suspension without Pay	<input type="checkbox"/> Harassment or <input type="checkbox"/> Discrimination: <i>Based on grievant's (you must check at least one box below):</i> <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> National Origin <input type="checkbox"/> Race/Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Veterans Status <input type="checkbox"/> Genetic Information <input type="checkbox"/> Gender Expression <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation		
<input type="checkbox"/> Involuntary Separation Due to Unavailability	<i>(In regard to which of the following action(s) did the Harassment or Discrimination occur):</i> <input type="checkbox"/> Compensation <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Hiring/Promotion <input type="checkbox"/> Layoff <input type="checkbox"/> Suspension <input type="checkbox"/> Training <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Hiring Action: <input type="checkbox"/> Failure to give priority consideration <input type="checkbox"/> Failure to post position as required	<input type="checkbox"/> Retaliation: <i>Based on the grievant:</i> <input type="checkbox"/> Alleging Improper Government Activity (Whistleblower) <input type="checkbox"/> Protesting Prohibited Harassment/Discrimination <i>Action:</i> <input type="checkbox"/> Compensation <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Hiring/Promotion <input type="checkbox"/> Layoff <input type="checkbox"/> Suspension <input type="checkbox"/> Training <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Just Cause: <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Suspension without Pay			
<input type="checkbox"/> Annual Performance Appraisal: <input type="checkbox"/> Overall rating of "Not Meeting Expectations"			
<input type="checkbox"/> Personnel File: Denial of request to remove inaccurate/misleading information from applicant/personnel file (excluding <i>Specify:</i> _____)			
<input type="checkbox"/> Veterans Preference: <input type="checkbox"/> Failure to give preference in initial/subsequent hiring <input type="checkbox"/> Failure to give preference in layoff determination			



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PART 3: REASONS FOR THIS GRIEVANCE

NOTE: In order to address your grievance properly, you must provide detailed information supporting your case. You should provide a concise statement of the facts surrounding the grievance. You may attach relevant supporting documentation to this filing form, but if you do so, you must explain specifically how any attached documentation supports your case. Failure to provide sufficient information may result in this “SHRA Grievance Initial Filing Form” being returned to you for completion or may result in your grievance being dismissed. If you would like additional assistance in completing this form, contact Employee Relations at 910-672-1455.

For allegations of Harassment:

Please provide the following information:

Incident:

- a. Date:
- b. Location:
- c. Witness(es) [if any]
- d. Share specific information indicating how the incident alleged constitutes harassment:

For allegations of Discrimination:

Please provide the following information:

Incident:

- a. Date:
- b. Location:
- c. Witness(es) [if any]
- d. Share specific information indicating how the incident alleged constitutes discrimination:

For all other grievable issues please provide detailed information below regarding the incident giving rise to this grievance.



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PART 4: DESIRED OUTCOME OF THIS GRIEVANCE

Desired outcomes must be reasonable, appropriate, and within the ability of the University to provide.

Large empty rectangular box for writing the desired outcome of the grievance.



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PART 5: WHAT HAPPENS NEXT

The Employee Relations Manager will review your submission for eligibility.

For Grievances in Regard to Disciplinary Action or Involuntary Separation due to Unavailability:

- The Employee Relations Manager will schedule a Step 1 Mediation, which will generally be concluded within 35 calendar days of the date you submitted your "SHRA Grievance Initial Filing Form." Your department will designate a "Respondent" who will participate in the mediation with you. The Employee Relations Manager will inform you of the date, time, and location of the mediation.
- If Mediation does not resolve the issue, you have five (5) calendar days from the date of the mediation to submit an "SHRA Grievance Supplemental Filing Form" to Employee Relations in order to continue the grievance process.

For Grievances in Regard to Harassment, Discrimination, and/or Retaliation:

- The Employee Relations Manager will forward your grievance to the Equal Opportunity Officer or designee which will conduct an Equal Opportunity Informal Inquiry. The Informal Inquiry should be completed within 45 calendar days.
- If you are not satisfied with the written response from the Informal Inquiry, you have fifteen (15) calendar days from the date you receive the written response from the Informal Inquiry to submit an "SHRA Grievance Supplemental Filing Form" to Employee Relations in order to continue the grievance process.

For All Other Grievances:

- Your supervisor or an appropriate member in your management chain will facilitate an Informal Discussion process with you in attempt to resolve the issue without requiring the formal grievance process. You should be provided with a written decision regarding the matter within fifteen (15) calendar days of request for an Informal Discussion.
- If no written decision is provided within the prescribed timeframe or you are not satisfied with the outcome of the Informal Discussion, you have fifteen (15) calendar days from the process expiration date or receipt of the written decision to submit an "SHRA Grievance Supplemental Filing Form" to Employee Relations to continue the grievance process.

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. If you feel you have been retaliated against for filing a Grievance, please contact Employee Relations so the appropriate action may be taken. Please refer to the "Roles, Rights, and Responsibilities" for Grievants available from Employee Relations.

PART 7: GRIEVANT CERTIFICATION

I hereby certify that all information submitted on this "SHRA Grievance Initial Filing Form" and any supporting documentation is true, complete to the best of my knowledge and belief, and filed in good faith. I understand that I must continue to meet the performance and conduct expectations of my employment during this grievance process.

Signature:		Date:	
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Submit this form to:
 Employee Relations - Office of Human Resources
 Fayetteville State University
 C.J. Barber Building - Lower Level Suite 05
 1200 Murchison Road, Fayetteville, NC 28301