

EHRA NON-FACULTY GRIEVANCE FILING FORM

Please Note: You must submit this Grievance Filing Form within 15 calendar days of the event (or knowledge of the event) that you are requesting to be reviewed; otherwise, your Grievance cannot be accepted.

PART 1: PERSONNEL INFORMATION

		Today's Date:	
Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>
Position Title:			Banner ID:
Home Street Address:			Home Phone:
Home City, State, Zip:			Work Phone:
Campus Address:			Immediate Supervisor:
Department Name:			

PART 2: TYPE OF GRIEVANCE

Check the box which most accurately describes the nature of your Grievance:

- ☐ Contested discharge for cause.
*For cases of contested discharge for cause, you are allowed to be assisted by an attorney at your own expense.
 Check here ☐ to indicate that you will have legal representation participating in this process.*
- ☐ Alleged violations of the Complainant's rights guaranteed by the First Amendment to the United States Constitution or Article I of the North Carolina Constitution.
- ☐ Harassment or ☐ Discrimination based on:
- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Political Affiliation | <input type="checkbox"/> Creed | <input type="checkbox"/> Gender Expression |
- ☐ Discontinuation without appropriate notice, or without temporary extension of appointment in the absence of such notice, as provided for in the *Policy on Employees Exempt from the North Carolina Human Resources Act*.
- ☐ Alleged violation of a specific University rule, regulation, or policy, state law or policy, or federal law pertaining to the employment relationship between the Complainant and the University that adversely and materially affected the Complainant's terms and conditions of employment. (Indicate specific policy at issue in Part 4.)
- ☐ Retaliation for filing a Grievance in good faith or for cooperating or otherwise participating in good faith in an investigation of a Grievance.

PART 3: DATE OF EVENT LEADING TO GRIEVANCE

Date of the event (or knowledge of the event) that you are grieving:	
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		Today's Date:	
Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>

PART 4: DESCRIPTION OF ISSUE BEING GRIEVED

In order for your Grievance to be addressed properly, you must provide detailed information for each question below. Failure to provide sufficient information may result in your Grievance Filing Form being returned to you for completion or may result in your Grievance being dismissed. If you would like assistance in completing this form, please contact the Employee Relations Unit at (336) 750-2837.

A. DESCRIPTION. Describe the event(s) that caused you to file this Grievance. You must specifically explain how the event applies to one or more of the items in Part 2 above and indicate any reasonable attempt(s) taken informally to resolve the matter(s) in dispute (attempts to resolve not required if filing a Grievance for a discharge for cause).

B. OUTCOMES. Describe your desired outcome of the Grievance. Desired outcomes must be reasonable, appropriate, and within the ability of the University to provide.

C. ATTACHMENTS. You may attach additional information that supports your case. If so, please number each page and indicate here the total number of pages (not including this Form) that you are attaching.

PART 5: 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 Complainant, a Respondent, a Witness, or a Review Committee Member.

PART 6: CERTIFICATION

I hereby certify that all information submitted on this Grievance Filing Form is true and complete to the best of my knowledge and belief. I understand that if I continue to be employed by the University during the resolution process of this Grievance, I must continue to meet the performance and conduct expectations of my employment.

Complainant's Signature:

Date:

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Mail this form to:

Employee Relations, WSSU Office of Human Resources
601 S. Martin Luther King Jr. Drive
Albert H. Anderson Jr. Conference Center, Suite 137
Winston-Salem, NC 27110

OR Fax this form to:

Employee Relations at 336-750-2838

OR Deliver this form to:

Employee Relations, WSSU Office of Human Resources
Albert H. Anderson Jr. Conference Center, Suite 137
Winston-Salem, NC