



SHRA GRIEVANCE PROCESS: STEP 2 – GRIEVANCE FILING FORM

Instructions: To appeal to Step 2 of the grievance process, complete the following form and submit it to the WSSU Office of Human Resources by following the instructions provided on page two (2) of this document in the “[Form Submission](#)” section. If you are requesting witnesses to appear at the hearing, a [Step 2 – Witness Request Form](#), provided on the third (3) page of this form, must be completed and submitted with the Step 2 – Grievance Filing Form for each witness requested.

The Step 2 – Grievance Filing Form, along with any Step 2 – Witness Request Forms, must be filed within **5 calendar days** of the date of impasse in mediation. For specific information regarding the grievance process and timeframes, please refer to the [University SHRA Employee Grievance Policy](#) or the Office of Human Resources.

GRIEVANT INFORMATION			
CONTACT INFORMATION			
Full Name:		Banner ID Number:	
Home Street Address:			
City, County, State & Zip Code:			
Home/Cell Phone Number(s):			
Preferred Email Address:			
EMPLOYMENT INFORMATION			
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		
Facility/Division/Department:			
Position Title:		Work City & County:	
Office Contact Information:	Phone Number:		Email Address:
Work Schedule:			
Immediate Supervisor Name:			

GRIEVANCE TIMEFRAME	
DATE OF MEDIATION IMPASSE	
Date of Mediation:	

APPEAL TO STEP 2

DECLARATION OF INTENT

I hereby request to appeal to Step 2 of the grievance process, consisting of a hearing conducted by a Hearing Panel. I understand that I must attach a Step 2 – Witness Request Form for each witness I request to appear at the hearing when I submit the Step 2 – Grievance Filing Form. Furthermore, I accept responsibility for informing the employees whom I have identified as potential witnesses. I understand that all witnesses must be approved by the Hearing Panel.

Signature:

Date:

NEXT STEPS

FORM SUBMISSION

To submit your Step 2 – Grievance Filing Form and Step 2 – Witness Request Forms, please follow the instructions provided below.

The [Step 2 – Witness Request Form](#) is located on the third (3) page of this document. A Step 2 – Witness Request Form for each requested witness must be attached when submitting the Step 2 – Grievance Filing Form. All forms must be filed within **5 calendar days** of the date of impasse in mediation.

Please submit via hand delivery, mail, or email to:

Office of Human Resources
Employee Relations
Albert H. Anderson Jr. Conference Center, Suite 137
Winston-Salem State University
Winston-Salem, NC 27110
ohr@wssu.edu

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 Step 2 – Grievance Filing Form is true and complete to the best of my knowledge.

Signature:

Date:

INTERNAL USE ONLY:



SHRA GRIEVANCE PROCESS: STEP 2 - WITNESS REQUEST FORM

Instructions: A grievant may request witnesses with direct knowledge of the actions in question to appear at the Step 2 hearing. A Step 2 – Witness Request Form must be completed and submitted with the Step 2 – Grievance Filing Form for each potential witness. Both the Step 2 – Grievance Filing Form and each Step 2 – Witness Request Form must be filed within **5 calendar days** of the date of impasse in mediation. For specific information regarding the grievance process and timeframes, please refer to the [University SHRA Employee Grievance Policy](#) or the Office of Human Resources.

Please note: It is the responsibility of the grievant to inform the employees who have been identified as potential witnesses. All witness must be approved by the Hearing Panel.

GRIEVANT AND WITNESS INFORMATION			
GRIEVANT INFORMATION			
Full Name:			
Personnel Number:			
WITNESS INFORMATION			
Full Name:			
Facility/Division/Department:			
Position Title:		Work City & County:	
Office Contact Information:	Phone Number:		Email Address:
RELEVANCE OF WITNESS TESTIMONY			
GRIEVANT STATEMENT OF RELEVANCE			
Provide a brief statement outlining the relevance of the testimony and information that the witness will provide. You may attach up to a maximum of 1 additional page.			
Was an additional sheet attached?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
GRIEVANT CERTIFICATION			
I hereby certify that all information submitted on this Step 2 – Witness Request Form is true and complete to the best of my knowledge.			
Signature:			Date: