

SHRA Staff Initial Grievance Form

For HR Office Use Only	
Case #:	_____
Employee ID:	_____
Hire Date:	_____
Career Status:	_____

Before filing a formal grievance employees will be required to have an Informal Discussion with their supervisor(s) or other appropriate representative regarding the alleged event or action (Note: the following do not require an informal discussion: dismissal, demotion, suspension without pay, separation due to unavailability). Your completed SHRA Initial Grievance Form must be received by the Office of Human Resources by 5:00 p.m. close of business within 15 calendar days of the event(s) or your knowledge of the event(s) being grieved. For allegations of unlawful or prohibited discrimination, harassment, or retaliation, employees will utilize an Equal Employment Opportunity Informal Inquiry process under the UNC SHRA Grievance Policy, to attempt to first address the complaint.

Part I. Employee Information

Full Name:	_____	
Position Title:	Campus Work Location:	_____
Department:	Work Phone:	_____
Home/Cell Phone:	Employee Email:	_____
Home Street Address:	Immediate Supervisor:	_____

Part II. Specific Reasons for Grievance

Date of alleged event or action that is the basis of the complaint:

State specific concern(s) or complaint(s):

SHRA Staff Initial Grievance Form

Part III. Informal Process

(NOT required for grievances involving: allegation of unlawful discrimination, harassment, or retaliation, dismissal, demotion, suspension without pay, or separation due to unavailability)

Have you already met with your immediate supervisor (or higher level manager) to try to resolve your concern? **Yes** **No**

Date of meeting: _____

Who did you meet with? Provide name/title: _____

Did you receive a written response from the person you met with? **Yes** **No** **If Yes, attach copy of the response to this document.**

Date of response: _____

Part IV. Resolution Results

Please explain the outcome you would like.

Part V. Certification

I hereby certify that all information submitted on this “SHRA Initial Grievance 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.

 Employee Signature

 Date:

Submit this form to: Employee Relations Manager, Office of Human Resources, UNC Asheville, One University Heights, 217 Phillips Hall, CPO #1450, Asheville, NC 28804.