

## **HUMAN RESOURCES**

**IMPORTANT:** To be eligible for consideration, any grievance or complaint filed under the University System SHRA Employee Grievance Policy must be filed by completing this form and must be received by the Office of Human Resources within 15 calendar days of the alleged event or action that is the basis for the grievance. Grievance that are not filed within 15 calendar days or do not contain a grievable issue as defined by the University System SHRA Employee Grievance Policy shall not proceed through the grievance process.

Mail this form to: HR Employee Relations, Appalachian State University, 330 University Hall Drive, Boone, NC 28607

Fax this form to: HR at 828.262.6489

Hand Deliver this form to: HR Employee Relations,

Appalachian State University, HR Building, 330 University Hall

Drive, Boone, NC 28607

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For Office of Human Resources Use Only

**SHRA Grievance Initial Filing Form** 

Part 1: Grievant Information					
<b>Grievant Full Name:</b>		Case # (HR Use Only)			
Position Title:		Banner ID:			
Department/Unit Name:		Supervisor:			
Home Address		Daytime/Work Phone:			
Home City, State, Zip:		Cell Phone:			
Preferred Email Address:		Date of Alleged Event or Action:			
Grievant Type:	<ul> <li>□ Career State         Employee/Former         Career State         Employee</li> <li>□ Probationary         Employee/Former         Probationary         Employee</li> <li>□ Applicant</li> </ul>				
Part 2: Issue Being Grieved					

A. The following issues may be grieved at the <u>University level only</u> and through the Informal Discussion Process. The employee cannot proceed to the formal internal grievance process per the University System SHRA Grievance Policy.

Annual Performance Appraisal	Applicant/Personnel File	
☐ Overall rating of less than "meets expectations" or	☐ Denial of request to remove inaccurate or	
equivalent	misleading information from applicant/personnel	
_	file.	
Priority in Hiring or Promotion		
☐ National Guard preference		

B. The following issues must first be grieved through the formal internal University process. If the Grievant is not satisfied with the Final University Decision, the Grievant may appeal to the Office of Administrative Hearings. **Disciplinary Action:** ☐ **Harassment** or ☐ Discrimination: ☐ Suspension without Pay ☐ Demotion Based on the grievant's (you must check at least one box below): ☐ Dismissal ☐ Race/Color ☐ Age ☐ National Origin ☐ Genetic Information **Non-Disciplinary Separation:** ☐ Religion ☐ Disability ☐ Involuntary Separation Due to Unavailability ☐ Political Affiliation  $\square$  Sex (Including sexual orientation, gender identity and expression, and pregnancy) (for <u>discrimination</u>, you must <u>also</u> check at least one box below): ☐ Hiring/Promotion ☐ Compensation ☐ Training ☐ Suspension ☐ Dismissal ☐ Demotion ☐ Layoff ☐ Other: **Priority Consideration:** ☐ **Retaliation** *in regard to:* ☐ Denial of hiring/promotion due to denial of reduction in force priority (NCGS 126-7.1) ☐ Hiring/Promotion ☐ Compensation ☐ Training ☐ Suspension ☐ Denial of promotion due to failure to give ☐ Dismissal ☐ Demotion priority consideration to career state employee □ Layoff ☐ Other: (NCGS 126-7.1) Based on the grievant: ☐ Denial of hiring/promotion due to failure to post position as required by law ☐ Protesting Prohibited Harassment/Discrimination ☐ Alleging Improper Government Activity (Whistleblower) ☐ Denial of veteran's preference Part 3: Reasons for the Grievance Please provide details below regarding your grievance (Attach additional sheets as needed):

Part 4: Desired Outcome of this Grievance					
Please describe b	below your desired outcome for this matter:				
Part 5: What Ha	Happens Next				
	vances in Part 2 (A) above:				
HR wil	ill provide instructions and guidance for the Informal Discussion process with you and your supervise	or in			
an atter	empt to resolve the issue.				
Information	nal Discussion must occur within 15 calendar days of the alleged event or action that is the basis of the	ne			
grievan					
	nal discussions shall occur between the employee and their immediate supervisor, another appropriate				
	visor in the employee's chain of command, or other appropriate University personnel having jurisdicti	ion			
	he alleged event or action that is the basis of the grievance.				
• These g	grievances shall not proceed to the formal grievance process.				
For grievances	es related to Disciplinary Action or Involuntary Separation Due to Unavailability (Not Involving	σ			
	Discrimination, and/or Retaliation):	<b>5</b>			
	ill schedule Step 1 Mediation, generally within 35 calendar days of the date you submitted your "SHI	RA			
	ance Initial Filing Form." The University will designate a University representative to attend the				
mediati	tion. HR will inform you of the date, time, and location of the mediation.				
	tain situations, with approval from OSHR, the University may bypass the mediation step and proceed				
	ly to a Step 2 Hearing when the disciplinary action was taken due to campus safety, personal miscond	luct,			
	er similar egregious workplace issues.				
	diation does not resolve the issue, you have five (5) calendar days from the mediation date to request g to proceed to the Step 2 hearing process.	ın			
writing	g to proceed to the step 2 hearing process.				
For grievances	es alleging Harassment, Discrimination, and/or Retaliation:				
C	rievance will be submitted to the Office of Access and Equity: Equal Opportunity for an EEO Inform	al			
	ry, which shall be completed within a maximum of 90 calendar days. A summary of the investigation				
	gs shall be provided to the grievant, and if the grievant is not satisfied that the complaint has been				
resolve	red, the Grievant has 15 calendar days to request to file a formal internal grievance.				
Dort 6: Statemen	ent of Non-Retaliation				
	ve the right to use this procedure free from threats or acts of retaliation, interference, coercion, restrain	int			
	i, or reprisal. Employees may not be retaliated against for participating in a grievance as a grievant, a				
	witness, or as a grievance panel member.				
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Part 7: Grievan	nt Certification				
· · · · · · · · · · · · · · · · · · ·	by by signing below that all information submitted on this SHRA Grievance Initial Filing Form and ar	_			
	cumentation provided is true, complete to the best of my knowledge, and filed in good faith. I underst				
	ntinue to meet the performance and conduct expectations of my employment during the entire grievan	nce			
process.					
Signature:	Date:				
Signature.	Date.				