

Human Resource Services
APPALACHIAN STATE UNIVERSITY
SHRA Employee Grievance Form

To file a formal grievance, this form must be completed and returned to Human Resources in accordance with the guidelines of Appalachian State University's SHRA Grievance and Appeal Policies and Procedures. All sections must be completed. (Use back of this form or attach additional sheets if necessary).

EMPLOYEE INFORMATION (* denotes optional items)

First Name _____ Middle _____ Last Name _____

Position _____ Department _____ Banner ID _____

Campus Phone _____ Home Phone* _____ Cell Phone* _____
Include Area Code Include Area Code

Mailing Address _____
Street or P.O. Box City State Zip

GRIEVANCE INFORMATION

Date of Incident or Notice of Adverse Action or Decision _____

Supervisor _____

Type of Grievance (Please select only one)

- A violation or misapplication of University policies, including impermissible harassment and discrimination
- A violation or misapplication of rules pertaining to employment in the respective department
- Inaccurate or misleading information in a personnel file
- A violation or misapplication of applicable laws or regulations, including anti-discrimination laws
- A suspension without pay, demotion, or dismissal without just cause
- Unlawful workplace harassment based on protected class status
- Retaliation

State the specific reason(s) for this grievance: (Attach additional sheets if necessary)

State the specific resolution being requested: (Attach additional sheets if necessary)

STATEMENT OF NON-RETALIATION: Employees have the right to use this process free from threats or acts of retaliation, coercion, restraint, discrimination, or reprisal. Retaliation against an employee for participating in a Grievance is prohibited.

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

Employee Signature _____ Date _____

Questions about this form or the grievance process, contact Employee Relations at (828) 262-6769 or (828) 262-6624. Revised 12/8/15

Send this completed form to HR Employee Relations - ASU Box 32010 - or personally deliver to HR Building, 330 University Hall Drive