

IMPORTANT: In order to be eligible for consideration, your completed "SHRA Grievance Initial Filing Form" must be received by the Office of Human Resources within **15 calendar days** of the event(s), or your knowledge of the event(s), being grieved. For more information, please refer to the University System SHRA Employee Grievance Policy or contact the Offices of Employee Relations at (828) 262-6624 or (828) 262-6769.

<p><i>For Office of Human Resources Use Only</i></p>
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PART 1: GRIEVANT CONTACT INFORMATION

Grievant's Full Name:		Case #: <i>(HR use)</i>	
Position Title:		Banner ID:	
Home Address:		Daytime Phone:	
Home City, State, Zip:		Work Phone:	
Preferred Email Address:			
Department Name:			
Campus Address:			
Immediate Supervisor:		2nd-Level Supervisor:	

PART 2: SUBJECT OF APPEAL

Date of Event(s) Being Grieved:			
Issue(s) Being Grieved:			
<input type="checkbox"/> Disciplinary Action: <input type="checkbox"/> Suspension without Pay <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal	<input type="checkbox"/> Harassment or <input type="checkbox"/> Discrimination: <i>Based on grievant's (you must check at least one box below):</i> <input type="checkbox"/> Race/Color <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Genetic Information <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Political Affiliation <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Veterans Status <input type="checkbox"/> Gender Identity <input type="checkbox"/> Disability <input type="checkbox"/> Gender Expression <i>(for <u>discrimination</u>, you must <u>also</u> check at least one box below):</i> <input type="checkbox"/> Hiring/Promotion <input type="checkbox"/> Compensation <input type="checkbox"/> Training <input type="checkbox"/> Suspension <input type="checkbox"/> Dismissal <input type="checkbox"/> Demotion <input type="checkbox"/> Layoff <input type="checkbox"/> Other:		
<input type="checkbox"/> Involuntary Separation Due to Unavailability			
<input type="checkbox"/> Hiring Action: <input type="checkbox"/> Failure to give priority consideration <input type="checkbox"/> Failure to post position as required			
<input type="checkbox"/> Veterans Preference: <input type="checkbox"/> Failure to give preference in initial/subsequent hiring <input type="checkbox"/> Failure to give preference in layoff determination			
<input type="checkbox"/> Annual Performance Appraisal: <input type="checkbox"/> Overall rating of "Below Good" <input type="checkbox"/> Overall rating of "Unsatisfactory"			
<input type="checkbox"/> Personnel File: Denial of request to remove inaccurate/misleading information from applicant/personnel file <i>Specify:</i>	<input type="checkbox"/> Retaliation in regard to: <input type="checkbox"/> Hiring/Promotion <input type="checkbox"/> Compensation <input type="checkbox"/> Training <input type="checkbox"/> Suspension <input type="checkbox"/> Dismissal <input type="checkbox"/> Demotion <input type="checkbox"/> Layoff <input type="checkbox"/> Other: <i>Based on the grievant:</i> <input type="checkbox"/> Protesting Prohibited Harassment/Discrimination <input type="checkbox"/> Alleging Improper Government Activity (Whistleblower)		

PART 3: REASONS FOR THIS GRIEVANCE

NOTE: Provide details of your case below.

SHRA GRIEVANCE INITIAL FILING FORM

PART 4: DESIRED OUTCOME OF THIS GRIEVANCE

Describe your desired outcome in this matter.

PART 5: WHAT HAPPENS NEXT

For Grievances in Regard to Disciplinary Action or Involuntary Separation due to Unavailability:

- HR will schedule Step 1 Mediation, generally within 35 calendar days of the date you submitted your "SHRA Grievance Initial Filing Form." Your department will designate a "Respondent" who will participate in the mediation. HR will inform you of the date, time, and location of the mediation.
- If mediation does not resolve the issue, you have **five (5) calendar days from the date of the mediation** to submit an "SPA Grievance Supplemental Filing Form" to HR Employee Relations.

For All Other Grievances (Not Involving Harassment, Discrimination, and/or Retaliation):

- HR will provide instructions and guidance for an Informal Discussion process with you and your management in attempt to resolve the issue without requiring the formal grievance process.
- If you are not satisfied with the outcome of the Informal Discussion process, you have fifteen (15) calendar days from the date you submitted the "SPA Grievance Initial Filing Form" to submit an "SPA Grievance Supplemental Filing Form" to HR Employee Relations in order to continue the grievance process.

PART 6: 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 grievant, a respondent, a witness, or as a grievance panel member.

PART 7: GRIEVANT CERTIFICATION

I hereby certify that all information submitted on this "SPA Grievance Initial Filing 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.

Signature:		Date:	
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Mail this form to: HR Employee Relations, Appalachian State University, HR Building, 330 University Hall Drive, Boone, NC 28607
OR Fax this form to: HR Employee Relations at 828.262.6489
OR Deliver this form to: HR Employee Relations, Appalachian State University, HR Building, 330 University Hall Drive, Boone, NC 28607