

# East Carolina University

## SHRA Mediation & Grievance Step 1 Appeal Form

**Instructions:**

To file a formal grievance, an employee or applicant is required to complete and submit this form to the Department for People Operations, Success, and Opportunity in accordance with the guidelines of ECU's regulations regarding the SHRA Employee Grievance Policy. For your grievance to be eligible for consideration, you must provide a clear and concise summary supporting your claim. Please include any relevant issues information (including dates) for each issue being grieved. All information and documentation that you wish to have considered must be provided with this form at the time of submission. **Failure to do so may result in your grievance being dismissed** You may attach additional sheets as necessary. **Please print or type.**

Part 1: Grievant Information			
<b>Grievant's Full Name:</b>		<b>ECU ID (Banner ID):</b>	
<b>Position Title:</b>		<b>Department Name:</b>	
<b>Home Address:</b>		<b>Home City, State, Zip:</b>	
<b>Home/Cell Phone:</b>		<b>Work Phone:</b>	
<b>Campus Address:</b>		<b>Immediate Supervisor:</b>	
<b>Immediate Supervisor Title</b>		<b>Immediate Supervisor Phone:</b>	
<input type="checkbox"/> I am requesting a Step 1 Mediation/Informal Discussion for the reason(s) specified below:			
Part 2: Subject of Appeal			
Date of Incident being grieved:			
Issue(s) Being Grieved:			
<input type="checkbox"/> <b>Disciplinary Action</b> - <i>Lack of just cause for.</i> <input type="checkbox"/> Suspension without pay Demotion <input type="checkbox"/> Dismissal  <b>Involuntary Non-disciplinary Separation Due to Unavailability</b>	<input type="checkbox"/> <b>Retaliation</b> - <i>In regard to:</i> <input type="checkbox"/> Promotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Demotion <input type="checkbox"/> Suspension without pay <input type="checkbox"/> Other  Based on: <input type="checkbox"/> Participating in the Grievance Process <input type="checkbox"/> Alleging Prohibited Harassment/Discrimination <input type="checkbox"/> Alleging Improper Government Activity (Whistleblower) Protesting Unlawful Discrimination		
<input type="checkbox"/> <b>Discrimination</b> - <i>In regards to:</i> <input type="checkbox"/> Promotion <input type="checkbox"/> Dismissal Demotion       Suspension without pay Other  <i>Based on:</i> Age                      Pregnancy Sex                      Disability <input type="checkbox"/> Race/Color <input type="checkbox"/> Sexual Orientation Religion <input type="checkbox"/> Veteran's Status Gender <input type="checkbox"/> Political Affiliation Identity or <input type="checkbox"/> National Origin Expression       Genetic Information	<input type="checkbox"/> <b>Harassment</b> - <i>Based on:</i> <input type="checkbox"/> Age                      Disability <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Race/Color <input type="checkbox"/> Veteran's Status <input type="checkbox"/> Religion <input type="checkbox"/> Political Affiliation <input type="checkbox"/> Gender <input type="checkbox"/> National Origin Identity           Pregnancy or Expression    Genetic Information		

<b>Annual Performance Evaluation of <u>Not Meeting Expectations</u></b>	<b>Personnel File-</b> Denial of request to remove inaccurate/misleading information from personnel file
<b>Denial of hiring or promotion opportunity</b> due to failure to post position	<b>Denial of promotion opportunity</b> due to failure to give priority consideration for promotion to a Career State employee as required by law (NCGS 126-7.1)
<b>Denial of National Guard preference</b> as provided by law	<b>Denial of reduction in-force priority</b> as provided by law (NCGS 126-7.1)
<b>Denial of veteran's preference</b> as provided by law	<b>Other-</b> <i>Provide Specific Grievable Issue from the SHRA Grievance Policy</i>

**Part 3: Reasons for this Appeal**

Describe the specific event(s) that caused you to file this grievance (include actions you have taken to resolve this matter informally with your supervisor or other involved parties as well as any information that might support your cause). Also provide specific details clarifying your covered issue:

State the specific resolution being requested:

<b>Signature:</b>		<b>Date:</b>	
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Submit this form within **15 calendar days** of alleged event or action to:  
 LaKesha Alston Forbes, Senior Associate Vice Chancellor and Chief People Officer  
 Department for People Operations, Success, and Opportunity  
 East Carolina University  
 210 East First Street  
 Greenville, NC 27858