



NORTH CAROLINA AGRICULTURAL  
AND TECHNICAL STATE UNIVERSITY

**EHRA NON-FACULTY GRIEVANCE FILING FORM**

**Please Note:** You must submit this Grievance Filing Form within 30 calendar days of the event (or knowledge of the event) that you are requesting to be reviewed; or, within the extended deadlines listed in Part 3 below; otherwise, your Grievance cannot be accepted.

**PART 1: PERSONNEL INFORMATION**

			Today's Date:	
Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>	
Position Title:			PID:	
Home Street Address:			Home Phone:	
Home City, State, Zip:			Work Phone:	
Campus Address:			Banner ID#:	
Department Name:			Dept Number:	
Immediate Supervisor:				

**PART 2: TYPE OF GRIEVANCE**

**Check the box which most accurately describes the nature of your Grievance:**

Contested discharge for cause.  
*For cases of contested discharge for cause, you are allowed to be assisted by an attorney at your own expense. Check here  to indicate that you will have legal representation participating in this process.*

Alleged violations of the Complainant's rights guaranteed by the First Amendment to the United States Constitution or Article I of the North Carolina Constitution.

Harassment or  Discrimination based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Religion	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Political Affiliation
<input type="checkbox"/> National Origin	<input type="checkbox"/> Gender Identity/Expression	<input type="checkbox"/> National Guard
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Age (40 or older)	<input type="checkbox"/> Veteran
<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Disability	<input type="checkbox"/> Color

Discontinuation without appropriate notice, or without temporary extension of appointment in the absence of such notice, as provided for in the EHRA Non-Faculty Employment Policies.

Alleged violation of a specific University rule, regulation, or policy, state law or policy, or federal law pertaining to the employment relationship between the Complainant and the University that adversely and materially affected the Complainant's terms and conditions of employment. (Indicate specific policy at issue in Part 4.)

Retaliation for filing a Grievance in good faith or for cooperating or otherwise participating in good faith in an investigation of a Grievance.



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PART 3: DATE OF EVENT LEADING TO GRIEVANCE

Date of the event (or knowledge of the event) that you are grieving:

Are you requesting an extended deadline? [ ] Yes [ ] No

If YES, indicate the process(es) in which you participated. You must have initiated one or more of these process(es) within 30 calendar days of the event that you are grieving AND must file this Grievance Form by the deadlines indicated below; otherwise, your Grievance will not be accepted. Documentation establishing your participation in and the relevancy of the activity(ies) below to this Grievance must be included with this Form in order to be considered.

In order for your Grievance to be addressed properly, you must provide detailed information for each question below. Failure to provide sufficient information may result in your Grievance Filing Form being returned to you for completion or may result in your Grievance being dismissed. If you would like assistance in completing this form, please contact Linda Mangum, Director of Employee Relations/AAO at 336-285-3769.

A. DESCRIPTION. Describe the event(s) that caused you to file this Grievance. You must specifically explain how the event applies to one or more of the items in Part 2 above and indicate any reasonable attempt(s) taken informally to resolve the matter(s) in dispute (attempts to resolve not required if filing a Grievance for a discharge for cause).

[Empty space for description of the event]

B. OUTCOMES. Describe your desired outcome of the Grievance. Desired outcomes must be reasonable, appropriate, and within the ability of the University to provide.

[Empty space for desired outcomes]

C. ATTACHMENTS. You may attach additional information that supports your case. If so, please number each page and indicate here the total number of pages (not including this Form) that you are attaching.

PART 5: 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 Complainant, a Respondent, a Witness, or a Hearing Committee Member.



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**PART 6: CERTIFICATION**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail this form to: Employee Relations, North Carolina A&T State University, Division of Human Resources  
1020 East Wendover Avenue, Greensboro, NC, 2705

Fax this form to: Employee Relations at 336-334-7477

OR Email to: [lmangum@ncat.edu](mailto:lmangum@ncat.edu) or [hr@ncat.edu](mailto:hr@ncat.edu)

Form received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(For Employee Relations Office use only)