North Carolina Department of Administration
GRIEVANCE FILING FORM

Check *ONE* only: ❑ Step-1 Appeal ❑ Step-2 Appeal

Grievances must be filed with the DOA Human Resources (HR) Office within 15 calendar days of the event you are grieving (at Step 1), and within 5 calendar days (at Step 2).

1. Name (first, middle, last):_____

2. Mailing Address (include zip code): _____

3. Home & Cell Phone Numbers (include area code): _____
   (If none, list a telephone number where you can be reached.)

4. Business Telephone: _____

5. E-mail address: _____

6. Division: _____

7. Work Location (City/Town): _____

8. Position Classification and Salary Grade (or Salary Grade Equivalent for Career Banded Classes):
   _____

9. Employment Status (i.e., applicant, probationary, career, former): _____

10. Grievable Issue: _____
    (Consult Section 7 of the State Human Resources Manual for grievable issues.)

11. Did you discuss the grievable issue with your supervisor or other appropriate supervisor in your chain? Check one.

    Yes _____ (If yes, date of the discussion: _____) No: _____
    (NOTE: An informal discussion is not required for EEO issues, disciplinary actions or separation due to unavailability.)

    Outcome of Informal Discussion: _____
    _____

12. Brief statement of issues and facts on which grievance is based (attach additional sheet(s) if necessary):
    _____
    _____
    _____

13. Desired Relief or Resolution:
    _____
    _____
    _____

14. Grievant's Signature: _____ Date: _____

The Following to be Completed by an Authorized Person in the DOA Human Resources Office.

Received by (Name and Title): _____
Date Received: _____ Is the grievance timely (yes ____or no ____), grievable issue (yes ____or no _____)