

# East Carolina University

## SHRA Mediation & Grievance Step 2 Appeal Form-Grievance Panel Hearing

### **Instructions:**

To file a formal grievance, an employee is required to complete and submit this form to the Department of Human Resources in accordance with the guidelines of ECU's regulations regarding the SHRA Employee Grievance Policy. **In order for the process to begin, all information MUST be completed.** Failure to provide sufficient information may result in your grievance form being returned to you for completion/clarification or 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>	

I am requesting a Step 2 Panel Hearing for the reason(s) specified below:

The Mediation Process resulted in non-agreement (impasse).

### Part 2: Subject of Appeal

**Date of Incident being grieved:**

#### Issue(s) Being Grieved:

<input type="checkbox"/> <b>Disciplinary Action-<i>Lack of just cause for.</i></b> <input type="checkbox"/> Suspension without pay <input type="checkbox"/> Demotion <input type="checkbox"/> Dismissal	<input type="checkbox"/> <b>Retaliation-<i>In regard to:</i></b> <input type="checkbox"/> Promotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Demotion <input type="checkbox"/> Suspension without pay <input type="checkbox"/> Other  <i>Based on:</i> <input type="checkbox"/> Participating in the Grievance Process <input type="checkbox"/> Alleging Prohibited Harassment/Discrimination <input type="checkbox"/> Alleging Improper Government Activity (Whistleblower)
<input type="checkbox"/> <b>Discrimination- <i>In regards to:</i></b> <input type="checkbox"/> Promotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Demotion <input type="checkbox"/> Suspension without pay <input type="checkbox"/> Other  <i>Based on:</i> <input type="checkbox"/> Age <input type="checkbox"/> 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	<input type="checkbox"/> <b>Harassment- <i>Based on:</i></b> <input type="checkbox"/> Age <input type="checkbox"/> 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

**Annual Performance Evaluation-** *contest overall rating of:*

- Below Expectations
- Unsatisfactory

**Personnel File-** *Denial of request to remove inaccurate/misleading information from personnel file*

**Other-** *Provide Specific Grievable Issue from the "System Grievance Policy"*

### 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:

**Signature:**

**Date:**

Submit this form **and** a copy of the complete "Notice of Mediation Impasse" within 5 calendar days from the date of Mediation Impasse to:  
Associate Vice Chancellor of Human Resources  
Department of Human Resources  
East Carolina University  
210 East First Street  
Greenville, NC 27858

