

North Carolina Department of Health and Human Services
GRIEVANCE FILING FORM

Check only ONE: ☐ Step-1 Grievance ☐ Step-2 Grievance

Grievances **must** be filed with the appropriate DHHS division or facility Human Resources (HR) Office. **Type or print clearly.**

1. Name (first, middle, last): _____
2. Race: _____ Gender: _____ Age: _____
3. Mailing Address (include zip code): _____
4. Telephone Number for Contact: _____
5. Email Address: _____
6. Division/Facility/School and Work Unit: _____
7. Work Location (City/Town): _____
8. Present (or former) Classification and Grade Level:

9. Employment Status (i.e., current, former, career, probationary, applicant): _____
10. Grievable Issue(s): _____

Consult the State Human Resources Employee Grievance Policy for grievable issues. **Any grievance or complaint that alleges unlawful discrimination, harassment or retaliation must first go through the Equal Employment Opportunity (EEO) Informal Inquiry Process with the DHHS EEO Office before being considered in the internal step-1 grievance process.**

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: _____
An informal discussion is not required for EEO issues, disciplinary actions, or separation due to unavailability.
12. Brief statement of issues and facts on which grievance is based (attach additional sheet(s) if necessary):
13. Desired Outcome or Relief: _____

14. Grievant's Signature: _____ Date: _____

The Following to be Completed by an Authorized Person in the Division/Facility Human Resources Office.

Received by (Name and Title): _____

Date Received: _____ Is the grievance timely (yes ____ or no ____), grievable issue (yes ____ or no ____)

Date grievance entered in Beacon or on DHHS Non-Beacon Dispute Tracking Log: _____

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Grievance Statement continued: