

# EEO Informal Grievance Filing Form

## EEO INFORMAL GRIEVANCE PROCESS: INFORMAL GRIEVANCE FILING FORM

**Instructions:** To file an informal grievance, complete the following form and submit it to the EEO Office.

A grievance must be filed within **15 calendar days** of the alleged event or action that is the basis of the grievance. For specific information regarding the grievance process and timeframes, please refer to the [https://files.nc.gov/ncoshr/documents/files/Employee\\_Grievance\\_Policy-Agency\\_1.pdf](https://files.nc.gov/ncoshr/documents/files/Employee_Grievance_Policy-Agency_1.pdf)

GRIEVANT INFORMATION					
<b>CONTACT INFORMATION</b>					
Full Name:				Personnel Number:	
Home Street Address:					
City, County, State & Zip Code:					
Home/Cell Phone Number(s):					
Preferred Email Address:					
<b>DEMOGRAPHIC INFORMATION</b>					
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or More Races		
<b>EMPLOYMENT INFORMATION</b>					
Employment Status:	<input type="checkbox"/> Career State Employee <input type="checkbox"/> Former Career State Employee <input type="checkbox"/> Probationary State Employee <input type="checkbox"/> Former Probationary State Employee <input type="checkbox"/> Applicant				
Facility/Division/Department:					
Position Title:				Work City & County:	
Office Contact Information:	Phone Number:			Email Address:	
Work Schedule:					
Immediate Supervisor's Name:					
<b>GRIEVANCE TIMEFRAME</b>					
<b>DATE OF ALLEGED EVENT OR ACTION</b>					
Date of Event(s) Being Grievied:					
<b>INFORMAL STEP</b>					
Prior to filing a grievance, an employee must first complete one of the following informal steps. Please select the informal step completed and provide the date. Consult the OSHR <a href="#">Grievance Policy</a> or the Human Resources Office for additional information.					
<b>Important Note:</b> If your concerns relate to both EEO and Policy Violation issues, you <u>must</u> first file a complaint with the agency Equal Employment Opportunity (EEO) Officer within 15 calendar days. All EEO complaints (Unlawful Discrimination, Harassment or Retaliation) must be addressed through the EEO Informal Inquiry.					

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Person(s) that caused the grievance:

## GRIEVABLE ISSUE

GRIEVABLE ISSUE(S):

### EEO Violations – Discrimination, Harassment or Retaliation:

#### Type of EEO Complaint(s):

☐ Discrimination      ☐ Retaliation      ☐ Harassment

#### Regarding:

**\*Note:** Check at least one box if alleging Discrimination and/or Retaliation.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation               | <input type="checkbox"/> Work Assignments                                       |
| <input type="checkbox"/> Overall Performance Rating | <input type="checkbox"/> Dismissal  |
| <input type="checkbox"/> Demotion                   | <input type="checkbox"/> Suspension without Pay                                 |
| <input type="checkbox"/> Reasonable Accommodation   | <input type="checkbox"/> Reduction in Force (RIF)                               |
| <input type="checkbox"/> Training                   | <input type="checkbox"/> "Whistle Blower"                                       |
| <input type="checkbox"/> Non-Select                 | <input type="checkbox"/> Any Terms or Conditions of Employment (Please Specify) |

#### Based on:

**\*Note:** Check at least one box if alleging Discrimination and/or Harassment.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Race  | <input type="checkbox"/> Color                         | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Religion  | <input type="checkbox"/> Age (40+)                     | <input type="checkbox"/> Sex             |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> Ethnicity                     | <input type="checkbox"/> Pregnancy       |
| <input type="checkbox"/> Sexual Orientation  | <input type="checkbox"/> Gender Identity or Expression |  |
| <input type="checkbox"/> Genetic Information   | <input type="checkbox"/> Political Affiliation         |  |
| <input type="checkbox"/> National Guard or Veteran Status ( <i>internal process only</i> ) |  |  |

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## GRIEVANCE SUMMARY

For your grievance to be eligible for consideration, you must provide a clear and concise summary supporting your claim. Please include any relevant information (including dates) for each grievance. You may attach up to a maximum of 2 additional pages.

Were additional sheets attached?

☐ No ☐ Yes

If yes, check the number of sheets attached:

☐ 1 ☐ 2

## LIST NAME AND NATURE OF WITNESS OR WITNESSES

1)

2)

3)

## DESIRED OUTCOME OF THIS GRIEVANCE

Provide a brief summary of the desired resolution to your grievance.

## NEXT STEPS

## FORM SUBMISSION

**Mail** - The complaint may be mailed to the mailing address or email address and must adhere to the applicable deadline. Mailing Address: NC Department of Transportation Office of Civil Rights Equal Employment Opportunity Unit 1511 Mail Service Center, NC 27699-1511

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Raleigh, NC.

**E-Mail** - The complaint may be e-mailed to [eeomanager@ncdot.gov](mailto:eeomanager@ncdot.gov) and the date emailed must meet the applicable deadline.

## EXTERNAL FILING

A charge of unlawful discrimination, harassment, or retaliation may also be filed directly with the Equal Employment Opportunity Commission (EEOC) in addition to or instead of filing through the internal grievance process. Information about filing an EEOC charge and deadlines for filing the charge can be found at: Rev.6/2019 <http://www.eeoc.gov/employees/charge.cfm> or by calling the EEOC regional offices located in Raleigh, Greensboro and Charlotte at 1-800-669-4000. Information about filing through the Civil Rights Division of the Office of Administrative Hearings can be found at: <http://www.ncoah.com/civil/> or by calling 919-431-3036. You may not, however, file a contested case with the Office of Administrative Hearing if the internal process has not been completed.

If mediation does not result in a resolution at Step 1, you are eligible to proceed to the Step 2-Hearing by submitting the Step 2 Appeal Form within 5 calendar days of the date of impasse in mediation. The hearing provides an opportunity for you to present your grievance orally to a specify if Hearing Officer or Hearing Panel outside of your chain of command. The hearing process shall be concluded within 35 calendar days of filing a Step 2 appeal. Following the conclusion of the hearing, a Final Agency Decision will be issued. The grievance process, in its entirety, will be completed within 90 calendar days from the date the grievance was filed.

## NON-RETALIATION

Employees have the right to use the grievance process free from threats or acts of retaliation, interference, coercion, restraint, discrimination, or reprisal.

## GRIEVANT CERTIFICATION

I hereby certify that all information submitted on this Grievance Filing Form and any supporting documentation is true and complete to the best of my knowledge.

**Signature:**

**Date:**

## INTERNAL USE ONLY:

- ☐ Refer to Human Resources  
☐ Refer to Employee Relations

Comments:

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