

## POSTDOC AND HOUSE OFFICER GRIEVANCE

## GRIEVANCE FORM

To file a grievance under the NC State University Grievance Regulation for Postdoctoral Scholars and House Officers, this form (and any attachments) must be completed and submitted to the Assistant Dean for Professional Development of the Graduate School either electronically or physically to the Graduate School Office. The Assistant Dean will also distribute a copy of this grievance form to the respondent(s) within five (5) business days of receiving the grievance. As the grievant, you are responsible for meeting the requirements stated in NC State University Grievance Regulation for Postdoctoral Scholars and House Officers for filing a grievance.

### Complaints regarding discrimination, harassment, or retaliation

Use the Complaint Form for Discrimination, Harassment, Title IX and Retaliation to report concerns regarding discrimination or harassment based on protected status, retaliation based on protected activity, or sexual harassment as defined by NC State's Equal Opportunity, Non-Discrimination and Affirmative Action and Title IX Sexual Harassment policies.

**Do you believe your grievance is related to discrimination or harassment your membership in a protected status, retaliation due to protected activity, or related to sexual harassment?**

**IF YES or Unsure -> Complete OIED Complaint Form AND Do Not Submit This Form to OPA**

**IF NO -> Continue with the below Form**

### GRIEVANT INFORMATION

**Name:** First \_\_\_\_\_ Middle initial \_\_\_\_\_ Last \_\_\_\_\_

Department \_\_\_\_\_

College \_\_\_\_\_ Position Title \_\_\_\_\_

**Contact Information:** Campus Box \_\_\_\_\_ Campus Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

### RESPONDENT INFORMATION

Name and title of person(s) responsible for alleged improper decision (the "Respondent(s)"): \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Date of adverse action forming the basis of the grievance:

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**State the specific reason(s) for this grievance:** (Attach additional pages if necessary).

**State the specific redress or relief being requested:**

**STATEMENT OF NON-RETALIATION:** Postdoctoral scholars and house officers have the right to use this procedure free from threats or acts of retaliation, coercion, restraint, discrimination, or reprisal. Faculty members may not be retaliated against for participating in a Grievance.

**CERTIFICATION:** I hereby certify that all information submitted on this Grievance Form is true and complete to the best of my knowledge and belief.

Signature\_\_\_\_\_

Date \_\_\_\_\_

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For Internal Use Only:

Date Form Received\_\_\_\_\_

Received by: \_\_\_\_\_