

# NC STATE UNIVERSITY

## FACULTY GRIEVANCE

## (Section 607 Grievance)

## FORM 002

To file a grievance under Section 607 of *The Code* of the University of North Carolina and NC State POL 05.25.01, this form (and any attachments) must be completed and submitted to the Faculty Grievance/Review Committee Chair either electronically or physically at the Faculty Senate Office. You must also serve a copy of this grievance form on the respondent(s) within five (5) calendar days of filing the grievance. As the grievant, you are responsible for meeting the requirements stated in NC POL 05.25.01 for filing a grievance.

### 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:** \_\_\_\_\_

### GRIEVANCE INFORMATION

Type of Grievance (Please check one)

\_\_\_\_\_ Post-Tenure Review

\_\_\_\_\_ Denial of Promotion

\_\_\_\_\_ Other administrative decision that adversely affected me\*

[\*Note: For a review of denial of tenure or re-appointment under Section 604 of *The Code*, a faculty member must complete and submit **Form 001.**]

### RESPONDENT INFORMATION

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

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

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

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

Date of administrative decision (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:** Faculty members 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_