



NC Department of Public Safety

EMPLOYEE GRIEVANCE - STEP 2 HEARING

3/11/2014 Version

To appeal to Step 2 of the grievance process, this form must be filed within **five (5) calendar** days following an impasse in mediation. If this form is not received within this timeframe, it will not be accepted. If you are requesting witnesses for Step 2, complete and submit [HR 556\(a\) Step 2 Employee/Witness Form](#) for **EACH** witness. This form must be submitted with the Employee Grievance - Step 2 Hearing form.

NOTE: For Unlawful Workplace Harassment and/or Discrimination and Retaliation complaints use the [electronic Equal Employment Opportunity Complaint Form](#) or contact the EEO Office for a hard copy version.

Full Name (Type or Print) _____ Division _____

Address _____ BEACON Personnel # _____

City _____ State _____ Zip Code _____ Work Location _____

Telephone Numbers Home _____ Work _____ Work Title _____

Cell/Alternate Contact # _____ Employee's email address _____

Work Schedule			Best Time to Contact & Phone Number	
Shift <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	Rotating <input type="checkbox"/> NO <input type="checkbox"/> YES	Hours (e.g, 8-5) _____	Time _____	Phone # _____

I understand that it is my responsibility to mail, email, or hand deliver my Step 2 Appeal to the Grievance Intake Coordinator to initiate the appeal process within five (5) calendar days of the mediation impasse.

I understand that my signature acknowledges that I have been advised of Step 2 appeal rights and timeframes.

(Employee's Signature) (Date Signed)

I want to appeal to Step 2.

(Employee's Signature) (Date Signed)

Mail to:
Grievance Intake Coordinator
Department of Public Safety
512 N. Salisbury Street
4201 Mail Service Center (MSC)
Raleigh NC 27699-4201

OR

Hand Deliver to:
State Capitol Police
417 N. Salisbury Street
Raleigh NC 27603

OR

email to: Grievance.Appeals@ncdps.gov

Faxes will NOT be accepted.

NCDPS: [Employee Grievance Policy](#) or [Forms](#)

Received by: _____ (Typed/printed name) _____ (Signature) _____ (Date Signed)