

STATE OF NORTH CAROLINA
JUDICIAL BRANCH OF GOVERNMENT
North Carolina Administrative Office of the Courts
Human Resources Division
PO Box 2448
Raleigh, NC 27602

Courier Box 56-10-50

Phone: (919) 890-1100
 Fax: (919) 890-1906

COMPLAINT FORM FOR NCAOC EMPLOYEES

Name Of Employee	Contact Telephone Number	Email Address
Division/Facility/Worksite	Position	Immediate Supervisor

INSTRUCTIONS

This form is for employees of the NC Administrative Office of the Courts to submit a complaint of discrimination or unlawful workplace harassment or to file a grievance for other work-related actions. See below for definitions of these terms.

Before submitting this formal complaint, an employee should first attempt to discuss the matter with the immediate supervisor. If the complaint concerns the behavior or actions of the immediate supervisor, the employee should attempt to discuss the matter with the next higher-level supervisor, if one is available. If the matter cannot be discussed or satisfactorily resolved with either the immediate or next higher-level supervisor, the employee may submit a written complaint to NCAOC Human Resources using this form.

NOTE: Other Judicial Branch employees (those not directly employed by the NCAOC) should use the Complaint Form For NC Judicial Branch Employees (AOC-A-188).

Submit this completed form and accompanying documents to: Employee Relations, NCAOC Human Resources, PO Box 2448, Raleigh, NC 27602.

DEFINITIONS

Discrimination: unfavorable treatment of a person or class of persons based on race, color, religion, sex, national origin, age, disability, genetic information, or retaliation for filing or participating in a workplace discrimination complaint.

Unlawful Workplace Harassment: unwelcome or unsolicited speech or conduct based on race, color, religion, sex, national origin, age, disability, genetic information, or retaliation for filing or participating in a workplace harassment complaint.

Grievance: a formal complaint by an employee based on an action or interaction by a supervisor or hiring authority that is perceived to be unfair or unfairly affects an employee.

NOTE: The legitimate and proper exercise of supervision or management does not constitute discrimination or unlawful workplace harassment. Terminations are not grievable.

See Section 1D of the Human Resources Management Manual for additional information about these terms and related issues.

TYPE OF COMPLAINT
(select either Discrimination/Unlawful Workplace Harassment or Grievance)

Discrimination/Unlawful Workplace Harassment
 Basis of Complaint: *(select at least one, or more if applicable)*

Race Color Religion Sex National Origin Age Disability Retaliation Genetic Information

Grievance *(list type of complaint)* _____
(policy violation, denial of promotion, etc.)

DESCRIPTION OF ALLEGATIONS

On separate page(s), provide a narrative description of the complaint, including the following information:

1. What happened;
2. Date(s) of the alleged incident(s);
3. Name(s) of the alleged harasser(s) or respondent(s), and witnesses, if any;
4. A description of the desired final outcome;
5. List and attach any supporting documents.

Date	Signature Of Complainant
------	--------------------------