

Grievance Form

(For use only of ICs participating in the Peer Resolution Panel pilot: (CC, NHLBI, NIA, NIAID, NINDS, OD))

Stage 1: I am filing this Grievance Form with CCR/HR to request a pre-hearing conference with my supervisor (or the most appropriate management official), _____, within 14 calendar days. I recognize that if we do not reach a mutual agreement a higher level management official will be called to participate with us in the pre-hearing conference at this stage.

I am grieving because (please describe):

The date the event occurred: _____ (Note to grievant: This form must be filed within 14 calendar days of the event or your becoming aware of the event.)

I am requesting the following solution (must directly benefit the grievant):

Signature of Grievant and date: _____

Print name: _____

Name and phone number of representative (if any): _____

Grievant's NIH address and phone number:

At the conclusion of the Stage 1 period, the grievant must select and initial one of the below:

- _____ This matter has been resolved per separate signed agreement (attached); or
- _____ This matter was not resolved and I do not wish to pursue it; or
- _____ This matter was not resolved, and I wish to proceed with the peer resolution panel at Stage 2 of this grievance process . (Continue with the section below.)

Stage 2

I wish to proceed with the peer resolution panel to decide my grievance. I recognize the panel will be provided with this grievance form describing the basis of my grievance and the solution I am requesting. The signed brief management response (in the space below or attached separately) addresses the event that was the basis of my grievance:

Signature of Stage 1 Management Official/Manager

Date