

**North Carolina Department of Health and Human Services  
Career Banding Pay Dispute Review Process  
COMPLAINT FILING FORM**

1. Name (First, Middle, Last): \_\_\_\_\_

2. Sex: \_\_\_\_\_ 3. Race: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_

5. Business Telephone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

6. Work Mailing Address (include zip code): \_\_\_\_\_

7. Position: \_\_\_\_\_

8. Division/Facility/School \_\_\_\_\_

9. Check applicable issues below:
- Amount of salary adjustment is less than the appropriate amount as determined through pay factors.
  - No salary increase granted when pay factors support an increase.
  - Salary decision based on inappropriate competencies evaluation.
  - Salary decision wherein the Department did not adhere to its plan for distribution of available limited funding in career banding salary decisions.

10. Statement of relief desired (attach additional sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

11. Attach copy of the following:
- a. The written notice that generated this complaint.
  - b. Other documents you consider relevant to this complaint, including a list of such documents.

12. Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***The Following to be Completed by Division/Facility/School Human Resources Manager:***

1. Received By (Name and Title): \_\_\_\_\_ 2. Date Received: \_\_\_\_\_

3. Timely Filed:  Yes  No, If No, give reason(s): \_\_\_\_\_