



North Carolina Department of Health and Human Services (DHHS Directive III-9)

**PERFORMANCE RATING DISPUTE PROCESS**

**COMPLAINT FILING FORM (DHS Form PRD-I)**

Check *ONE* only:     Step 1 Complaint     Step 2 Complaint (see 13 below)

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

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

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

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

7. Classification and Salary Grade: \_\_\_\_\_

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

9. Period covered by work cycle: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

10. Statement of issues and facts on which complaint is based. *Be specific.* Attach additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

12. Attach copy of the following:

- a. Your completed work plan for the cycle, including interim review and overall performance summary rating.
- b. The written notice that generated this complaint. If a Step 2 complaint, include copy of the Step 1 decision letter.
- c. Other documents you consider relevant to this complaint, including a list of such documents.

13. Step 2 Only: (check one only):

- I want to appear before the Performance Review Board and speak on my behalf.
- I want the Board to consider my complaint through a review of documents only.

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

***The Following to be Completed by Unit Human Resource Manager:***

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

3. Complaint is timely filed:  Yes  No, If No, give reason(s): \_\_\_\_\_



DHR-ER-2006  
07/06

North Carolina Department of Health and Human Services (DHHS Directive III-9)

Attachment 2

**PERFORMANCE RATING DISPUTE PROCESS  
MANAGEMENT RESPONSE FORM (DHHS Form PRD-2)**

(Submit to Director of Division of Human Resources within  
ten (10) days of receipt of Step 2 Complaint; attach complaint filing form)

1. Employee Name: \_\_\_\_\_

2. Division/Facility/School: \_\_\_\_\_

3. Response to employee's statement of issues and facts on which complaint is based. *Be specific.* Attach additional sheet(s) if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Attach to this form copies of any relevant documents you wish the Board to consider, in addition to those submitted by the employee. *Include a list of such documents.*

5. If employee will appear before the Board, enter the name of management representative:

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

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

Work Location: \_\_\_\_\_

Business Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

6. Division/Facility/School Director's Signature: \_\_\_\_\_

7. Date: \_\_\_\_\_