

STATE OF NORTH CAROLINA

Notice of Mediation Impasse

Agency:

Grievable Issue:

Name of Grievant:

Name of Respondent:

A resolution to the above grievance was not reached during the course of the mediation.

Grievant Date

Respondent Date

Mediator Date

Mediator Date

STEP 2 APPEAL NOTICE: The mediation impasse is the conclusion of Step 1 of the agency internal grievance process. The grievant may proceed to Step 2 by filing an appeal within 5 calendar days of the date of mediation.

The appeal must be delivered to: _____
(Name) (Address)

As the agency respondent/representative, I have provided the grievant with the Step 2 appeal filing form and/or written instructions on filing an appeal. I have also provided a copy of the (SPA) Employee Grievance Policy:

Respondent/Representative Date

As the grievant, I acknowledge receipt of the Step 2 appeal information listed above:

Grievant Date