

## Employee Complaint Resolution Form

Please read the Employee Complaint Resolution Policy and Procedure prior to completing this form

<b>Employee Information</b>		
Employee's Name:	Job Title:	Work Unit:
Employee ID Number:	Daytime Phone:	Preferred Mailing Address:
<b>Complaint Information</b>		
Date of Occurrence:  _____	Have you discussed this issue with your supervisor?  <input type="checkbox"/> yes <input type="checkbox"/> no	Supervisor's Name:
<b>Note: Complaints should be filed within 30 calendar days of the occurrence</b>	Date(s) of discussion:	Supervisor's Phone:
<p><b>Subject of Complaint:</b></p> <p>_____</p> <p>Describe what happened: when and where, how your employment has been affected, and indicate names of others who have knowledge of the issues raised in your complaint. Attach any supporting documentation.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Relief Requested:</b> Indicate the action(s) you are requesting to resolve your complaint:</p> <p>_____</p> <p>_____</p>		

My signature indicates that the information contained on this form and attachments to this form are true and factual to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**If this complaint is being filed by multiple employees involving the same issue(s), attach a list of all participating employees, their employee ID #, day time phone number and signature. If a spokesperson has been designated, the individual chosen should sign this form.**

### For Complaint Coordinator's Use Only

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Signature of Complaint Coordinator

Name of Reviewing Official if applicable: \_\_\_\_\_