

EMPLOYEE COMPLAINT RESOLUTION FORM

Please read Procedure: 4.4.3p. Employee Complaint Resolution prior to completing this form.

EMPLOYEE INFORMATION		
Employee Name	Job Title	Date
Department	Phone	Email Address
COMPLAINT INFORMATION		
Date of Event: Complaint should be filed within 30 calendar days of occurrence	Have you discussed this issue with your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Date (s) of Discussion	Supervisor Name: Supervisor Phone #:
SUBJECT OF COMPLAINT: Describe what happened; when and where. How your employment has been affected, indicate names of others who have knowledge of the issues raised in your complaint. Attach any supporting documentation. Relief Requested: Indicate the action(s) you are requesting to resolve your complaint:		

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: _____

Note: Complaints are not considered filed until this form is received by the Complaint Coordinator