EMPLOYEE COMPLAINT/GRIEVANCE FORM

 Complainant's name: Status: Staff [] Faculty [] Other (specify) Mailing Address: Email Address Phone Number: Date of Incident: Time of Incident: Location of Incident: Please describe the specific act(s) alleged places, events, etc. pertaining to the conneeded, you may write on the reverse since separate sheet(s): 	ed. Note all relevant dates, mplaint. If additional space is
7. Are there others who have witnessed the experienced similar behavior by the individual please provide their name(s), indicate if witnesserience, their address(s) and their phores.	lual named above? If so, ness or individual with similar
8. Describe how the incident you are comp	plaining about has impacted

9. Do you have any suggestion for proposed action to address or resolve the complaint/grievance? Please describe how the company can deal effectively with your complaint.

negatively on your work.

10. Do you have any additional information and comments (use separate sheet if necessary):
It may become necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint.
I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation of this complaint. Should it become necessary, I authorize GIS to disclose my identity and/or details of this complaint.
By signing below, the Complainant certifies that he/she has reviewed this Complaint (including any attachments) to confirm that it is accurate and complete.
Complainant's Signature
Dated
Signature of person making report
Dated

Please return the completed form to the Office Administrator of GIS

Legal Disclaimer: The Employee Complaint Form is for informational purposes only and does not constitute legal information or advice.