

Employee Services and Human Resource Development

Formal Complaint Form

Today's Date

CONTACT INFORMATION

Name (Please Print)

Phone Number(s) Home/Work

Address

Division

Title

Department

DETAILS OF THE COMPLAINT

Date(s) the alleged complaint(s) occurred:

Witness(es) (if any):

Witness One

Contact Information

Witness Two

Contact Information

Who allegedly was involved in the complaint?

Name and Title

Department

Name and Title

Department

DESCRIPTION OF COMPLAINT (attach additional documentation if needed)

A large, empty rectangular box with a thin black border, intended for a signature and date. It has a vertical scrollbar on the right side, indicating it is a scrollable area. The box is currently blank.

Grievant's Signature

Date