

Employee Complaint/Concern Form

The Department of Human Resources encourages you to contact the Employee Relations Office if you have a complaint or concern, or experience a problem that affects you or your co-workers. We ask that you complete this form within five working days after the incident or problem first occurred. Human Resources will contact you as soon as possible.

Your name: _

Date: _

Status: Staff ☐ Faculty ☐ Other (specify): _

Management Center/Department: _

Title: _

Campus Address: _

Phone Number where you can be reached: _

Complaint/Concern Information

Date of Incident: _

Time of Incident: _

Location of Incident: _

Please describe the specific act(s):

Are there others who have witnessed this behavior or others who have experienced a similar concern or problem? If so, please provide their name(s) and phone numbers.

For Human Resources' coordination of response, please advise if you have raised this complaint/concern with the University's Integrity Hotline, Office of Inclusion, Diversity and Equal Opportunity, or any other office within the University? Yes ☐ No ☐

Do you have any suggestion for proposed action to address or resolve the complaint/concern?

Do you have any additional information or comments?

Please return the completed form to Human Resources, ABC Hall, Room 320.