

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.