



COMPLAINT FORM

Please read the HEC Employee Complaint Procedure prior to filing a complaint. We ask that you complete this form within ten (10) working days of the incident.

Employee Information		
Employee's Name:	Job Title:	Employee ID Number:
Department/Program:		Location:
Complaint Information		
Date of Occurrence: _____	Have you discussed this issue with your supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no Date(s) of discussion: _____	Supervisor's Name: _____
<p>Issue of Complaint:</p> <p>1. Please describe in detail the nature of your complaint. Provide or identify all known documents and witnesses to your concerns.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. Provide details of how the incident has affected your ability to perform your job. (attached additional sheets, if necessary)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. Propose solutions you believe can help resolve your complaint.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>4. Provide any additional comments or information you wish to be considered when investigating your complaint (attach additional sheets, if necessary).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

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.

Employee's Signature

Date

For HR Use Only

HR Administrator's Signature

Date