



EMPLOYEE COMPLAINT FORM

Complaints must be handled in accordance with GBA-R. Please review this policy prior to submitting a complaint. A complaint is an employee's formal expression of disagreement or dissatisfaction with aspects of employment such as working conditions, hours of work, environment, relationships with supervisor and other employees, or policies or decisions of the department considered by the employee to be inappropriate, harmful, or unfair. Complaints must be submitted within ten (10) workdays of the action or condition giving rise to the complaint.

Section 1: To be completed by employee.

Today's Date: _____

Employee Name	Email Address
Address	City, State, Zip
Job Title	Department
Contact Phone #	Supervisor

Please indicate the nature and date of the alleged issue(s); names of person(s) involved, and any background information that you believe to be relevant to this Complaint. Specify your Complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

As a resolution to my complaint, I am requesting the following relief or corrective action.

Employee's Signature: _____

NOTE: The compliance officer, as designated in GBA-R, shall give one (1) copy to the complainant and shall retain one (1) copy for the file.