

Employee Complaint Form

Complainant name _____ Phone _____

Department _____ Job title _____

Send correspondence to (address) _____

Supervisor name _____ Phone _____

If Represented:

Representative name _____ Phone _____

Organization _____

Non-UC mailing address _____

Complaint:

Describe your complaint in detail, including the following five points. Attach additional sheets if needed.

1. Management act to be reviewed.
2. Date or dates of each act.
3. University policy or procedure violated (if any).
4. How did the management act violate policy or procedure?
5. How were you adversely affected?

Resolution Requested:

Complainant signature _____ Date _____

Representative signature _____ Date _____