Complainant's Name  
Department  
Job Title  
Supervisor's Name  

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

1. Workplace behavior or management act to be reviewed.

2. Date or dates of each act.

3. University policy or procedure violated (if any).

4. How did the workplace behavior or management act violate policy or procedure?

5. How were you adversely affected?

RESOLUTION REQUESTED:

Employee Signature  
Date  

______________________________  __________________________