
EMPLOYEE RELATIONS ~ COMPLAINT FORM

Human Resources encourages you to contact Employee Relations regarding your workplace complaints/concerns. Please submit this form for further review, to Human Resources, in accordance to the University of Tennessee Health Science Center (UTHSC) Policy and Procedures.

Employee Name (Complainant): _____ Date: _____

Job Title: _____ Department/College: _____

Contact Number: _____ Email Address: _____

Complaint Regarding:

_____ Faculty _____ Staff _____ Student Other (specify): _____

Employee Name (Respondent): _____ Date of Incident: _____

Job Title: _____ Department/College: _____

Contact Number: _____ Email Address: _____

Describe your complaint in detail and attach any additional sheets if needed.

Code of Conduct Violated (specify): _____

Witnesses: _____

Have you raised this complaint/concern with other University Officials: The Office of Equity and Diversity (OED), Faculty Affairs, Campus Police and/or the Office of Compliance Review, etc.? _____ No _____ Yes
If yes, please specify. _____

Resolution Requested:
