



Pima County Community College District

**HUMAN RESOURCES
EMPLOYEE RELATIONS**

COMPLAINT CLOSURE FORM

COMPLAINT NUMBER: _____ **ASSIGNED TO:** _____

COMPLAINANT: _____

POSITION/CAMPUS/DEPARTMENT: _____

RESPONDENT: _____

POSITION/CAMPUS/DEPARTMENT: _____

ISSUE/COMPLAINT: _____

DATE OPENED: _____

DATE CLOSED: _____

DISPOSITION (if applicable): _____

COMMENTS: _____

RETENTION DATE: _____ **DESTROY DATE:** _____