



PimaCountyCommunityCollegeDistrict

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:**_____