

INTERNAL COMPLAINT FORM

Please review the Resolution of Workplace Complaints policy on the HR website for instructions on use of the grievance process. Please submit completed forms to the Associate VP of Human Resources.

Name: _____

Title: _____

Department: _____

Supervisor: _____

Email: _____

Preferred phone: _____

Please briefly describe the nature of your complaint. Include all details that you believe are relevant.

Are there any witnesses to the incidents described above? If so, please list their names.

What is your desired remedy?