



Central Alabama Community College

EMPLOYEE COMPLAINT / CONCERN FORM

Central Alabama Community College encourages any employee to contact the Human Resources office if you have a complaint or concern, or experience a problem that affects you or your co-workers. We ask that you complete this form within five (5) working days after the incident or problem first occurred. Human Resources will contact you as soon as possible.

Your Name: _____ Date: _____

Status: Staff Faculty Other (specify): _____

Division/Department: _____

Title: _____

Campus Location: _____

Phone Number where you can be reached: _____

Complaint/Concern Information

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the specific act(s):

Are there others who have witnessed this behavior or others who have experienced a similar concern or problem? If so, please provide their name(s) and contact information.

For Human Resources' coordination of response, please advise if you have raised this complaint/concern with or any other office within the College? Yes _____ No _____

Do you have any suggestion for proposed action to address or resolve the complaint/concern?

Do you have any additional information or comments?

It may become necessary to disclose your identity and/or complaint, as well as conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint.

I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with an investigation of this complaint. Should it become necessary, I authorize the college to disclose my identity and/or details of this complaint.

Signature: _____ Date: _____

Please return the completed form to Human Resources.