



**Texarkana
College**

Employee Complaint/Grievance Form

Instructions: This form must be filed within fifteen (15) business days of the date the employee first knew, or with reasonable diligence should have known, of the decision or action giving rise to the complaint or grievance with the employee's supervisor (or other appropriate administrator who has the authority to address the concerns) or as otherwise outlined in Board Policy [DGBA (LOCAL)]. Informal resolution shall be encouraged but shall not extend any deadlines in this policy, except by mutual written consent. Employees who have a complaint or grievance should complete this form and submit it to their immediate supervisor or other appropriate administrator. Complaint forms and appeal notices may be filed by hand-delivery, electronically submitted by fax or e-mail, or U.S. Mail. Texarkana College FAX number: 903.823.3451.

| Employee Information | |
|---|--------------------|
| Employee name: | |
| Address: | City/State/Zip: |
| Department: | Position: |
| Home Phone Number: | Work Phone Number: |
| Cell Phone Number: | Email Address: |
| Complaint/Grievance Information | |
| <i>Retaliation against an individual filing a grievance is strictly prohibited and constitutes a violation of college policy.</i> | |
| Name of individual and/or department against whom the complaint/grievance is filed: | |
| Describe your complaint/grievance in detail. Include date/s of occurrence. The complaint/grievance must be filed within the time limit given in the instructions above, or the complaint/grievance will not be considered (be as specific as possible). Attach additional sheets, if necessary, along with any documentation that will help describe and substantiate the complaint. Are there any witnesses who should be interviewed? If yes, list names and contact information. | |
| Employees are encouraged to discuss their concerns and complaints through informal conferences with the appropriate administrator. Have you made an attempt to resolve this complaint or grievance with the individual and/or department involved? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the outcome: (Attach any additional comments, if necessary) | |
| What outcome do you hope to achieve after talking to the appropriate college official(s)? Attach additional sheets, if necessary. | |

I understand that information contained in the grievance form will be held confidential to the extent possible. Grievance information may be shared with college officials in order to conduct a thorough investigation. I hereby declare that the information on this form is true, correct, and complete to the best of my knowledge. I understand that any misrepresentation of information may result in disciplinary actions, in accordance with college disciplinary policies.

Employee Signature: _____ Date: _____

2017-2018 Academic Year, Updated September 1, 2017