

ANGELINA COLLEGE
EMPLOYEE COMPLAINT AND APPEAL FORM

All formal complaints/grievances and appeals must be submitted using this form, and all fields must be completed. If a field is not relevant, write "N/A" in the space provided. **Please note** Complaints alleging discrimination, including violations of *Title IX of the Education Amendments Act of 1972, as amended* (sex and gender), *Title VII of the Civil Rights Act of 1964, as amended* (race, color, religion, national origin), *Age Discrimination in Employment Act of 1967, as amended* (age), or *Section 504 of the Rehabilitation Act, as amended*, and the *Americans with Disabilities Act of 1990 as amended* (disability), shall be submitted in accordance with the Employee Freedom from Discrimination, Harassment, and Retaliation regulation (see: *DIA Regulation* in the AC Policy and Procedure Manual).

Field 1 **Employee Name:** _____ Field 2 **Date:** _____

Field 3 **Mailing Address:** _____

Field 4 **Email Address:** _____ Field 5 **Phone Number:** _____

Field 6 **Select One Option by Filling in the Corresponding Circle:**

<input type="radio"/>	LEVEL ONE: Complaint to Supervisor
<input type="radio"/>	LEVEL TWO: Appeal to Next Level Supervisor
<input type="radio"/>	LEVEL THREE: Appeal to College President
<input type="radio"/>	LEVEL FOUR: Appeal to Board of Trustees (see Field 9 below)

OR

<input type="radio"/>	DISCRIMINATION
<input checked="" type="checkbox"/>	Title IX & Title VII: submit form to Dean of Student Affairs
<input checked="" type="checkbox"/>	ADEA, ADA & Section 504: submit form to Director of Human Resources
<input checked="" type="checkbox"/>	All other Discrimination: submit form to College President

You may attach any relevant documents to this form. You may also attach additional pages if the spaces provided below are insufficient. If you choose to attach additional pages, please write "see attached" in the space(s) below.

Field 7 **Complaint:** Be specific (e.g., full names - including the name(s) of responsible person(s), date the alleged incident occurred, location(s), relevant rule(s) & regulation(s), etc.). The complaint must be in relation to an incident that has already occurred. **Do not reference multiple employment-related matters or matters already addressed in a grievance you previously submitted.**

Field 8 **Adverse Effect:** Explain how the alleged action or issue adversely affected or interfered with an employment-related matter.

Field 9 **Requested Relief:** State the specific corrective action or relief you are requesting. The corrective action or requested relief must be within the authority of AC to grant and shall not include a request for another employee to be disciplined.

Empty box for requested relief.

Field 10 **Names of Witnesses** who have firsthand knowledge of the events being grieved:

Two horizontal lines for witness names.

Field 11 **Name of Representative:** _____

“Representative” means any person or organization designated by the employee to represent him/her in the complaint process that does not claim the right to strike. You may identify a representative when the complaint form is initially submitted or when submitting an appeal form upon receiving a response to a Level One, Level Two, or Level Three process. If you fail to identify a representative when this form is submitted at each level, a representative shall not be allowed to attend the corresponding conference or hearing.

Field 12 **Level Four: Appeal to the Board of Trustees** - describe the alleged procedural irregularity in the administration of the *College Policy on Employee Complaints/Grievance*, or note alleged violation of College Policy below.

Irregularity in administration of Complaint Policy Violation of College Policy

Note: If a Level Four appeal does not involve an allegation of a violation of Board Policy or an allegation of a procedural irregularity in the administration of the College Policy on Employee Complaints/Grievances, you may present the complaint at the Citizen Participation portion of a Board of Trustees meeting.

SIGNATURE

SIGNATURE _____
DATE

PRINT NAME

ADMINISTRATION USE ONLY

Name of supervisor or administrator who received this form: _____
Date complaint form received: _____. Did employee discuss complaint with you informally? (Y/N) _____

Date of complaint conference or hearing: _____ Date written response sent to employee: _____

Supervisor/Administrator must retain (a) the original complaint form and any attachments, (b) all other documents submitted by the employee (Level One only), (c) the written response issued by the supervisor/administrator and any attachments, (d) all other documents relied upon by the supervisor/administrator in reaching the initial decision, and (e) any recordings of conferences.