



COMPLAINTS and GRIEVANCES – LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, electronic communication, fax, or U.S. mail to the Human Resources Department. All complaints will be processed in accordance with DGBA(LEGAL) and DGBA(LOCAL).

1. Name: _____

2. Address: _____

Telephone Number: (____) _____ Email: _____

3. Position/Campus: _____

4. If you will be represented in voicing your complaint, please identify the person representing you.

Name: _____

Address: _____

Telephone Number: (____) _____ Email: _____

5. Please describe the decision or circumstances causing your complaint (give specific factual details).

6. What was the date of the decision or circumstances causing your complaint?

7. Please explain how you have been harmed by this decision or circumstance.

8. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts.

With whom did you communicate? _____

On what date? _____

9. Please describe the outcome or remedy you seek for this complaint.

Employee Signature: _____

Signature of Employee's Representative: _____

Date of filing: _____

Complainant, please note:

A complaint form that is incomplete in any material way may be dismissed, but may be refiled with all the required information if the refile is within the designated time for filing a complaint.

Please keep a copy of the completed form and any supporting documentation for your records.