EMPLOYEE COMPLAINT FORM — LEVEL ONE

To file a formal complaint, please fill out this form completely and submit it by hand delivery, fax, or U.S. mail to the appropriate administrator within the time established in DGBA(LOCAL). All complaints will be heard in accordance with DGBA(LEGAL) and (LOCAL) or any exceptions outlined therein.

1. Name _____

2. Address _____

   _____

   Telephone number (___)_____

3. Position _____ Campus/Department _____

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

   Name _____

   Address _____

   _____

   Telephone number (___)_____

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 refiling is within the designated time for filing a complaint.

Attach to this form any documents you believe will support the complaint; if unavailable when you submit this form, they may be presented no later than the Level One conference. Please keep a copy of the completed form and any supporting documentation for your records.