



EMPLOYEE CONCERN FORM

Note: This form is not a grievance form. Persons desiring to submit a grievance should refer to Policy © 4-402 Employee Grievances.

NAME _____ Date _____

Email _____ Hm Phone _____

Dept/School _____ Cell Phone _____

Supervisor's Name _____ Phone _____

1. Briefly describe the nature of the concern _____

2. Please list the person(s) involved with this concern _____

3. Have you discussed this concern with your supervisor? _____yes _____date _____No

4. Please list others who have knowledge of relevant events and incidents. List their phone number, job title and department/site (attach additional sheets if necessary)

<u>Name</u>	<u>Phone #</u>	<u>Job Title</u>	<u>Dept/Site</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Please explain your attempts to resolve this concern _____



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6. Have you reported this concern to others? _____yes _____no

If yes, to whom? Identify person(s) or organization(s) _____

7. What action (if any) was taken after reporting your concern? By whom? When? _____

8. Are repercussions a concern? _____yes _____no Please explain _____

9. What will define success in resolving this concern for you? (Please prioritize the outcomes you want)
Check any that may apply: 1. Someone to listen _____ 2. Advice _____ 3. Facilitated conversation _____
4. Investigation _____ 5. Other, explain: _____

A representative can file this form on your behalf.

Employee's signature _____ Date _____

Interviewer's signature _____ Date _____

Possible Recipients: Check only one:
_____ Representative/Interviewer _____ Site Supervisor _____ Human Resources
_____ Immediate Supervisor _____ Association

Please retain a copy of this form and send the original to the party indicated above. For informational purposes, forward a copy to Human Resources *. When concern has been resolved at the lowest level, forward a final copy to the Human Resources Department.

***Please note:** If Human Resources has not received a final copy of a resolution within four (4) weeks, the concerned party will be contacted regarding the status of the concern.



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CONCERN RESOLUTION FORM

DATE _____

Has your concern been resolved? Yes _____ No _____

Resolution/Comments _____

