Complaint Resolution Form

Complete this form whenever a complaint regarding an employee has been resolved. Submit the completed form to Human Resources and provide copies to the parties involved.

Employee:	
School/Department	
Complainant:	
Date Complaint Received:	
Supervisor/Administrator:	
Date Resolved:	

Resolution

- ☐ Mutual agreement of parties
- ☐ Dismissed after administrative investigation
- ☐ Corrective action (explain below)

Explanation of Corrective Action (if applicable):

_____

_____

_____

_____

_____

Findings of Fact / Rationale for Decision

_____

_____

_____

_____

_____

Supervisor Signature	Date