



Complaint Form for Employment-Related Grievances

This form is intended for employees to formally report grievances related to employment. Once submitted, your complaint will be reviewed and investigated by a designated complaint manager. You may request a complaint manager of the same gender, if preferred. Confidentiality will be maintained to the greatest extent possible, and your grievance will be addressed promptly and equitably. If you have any questions about this process, contact the Human Resources Director or a district complaint manager.

Employee/Complainant Information:

Name: _____ Job Title: _____

Department/School: _____

Phone: _____ E-mail: _____

Supervisor Information:

Immediate Supervisor: _____ Position: _____

Type of Grievance: (Check all that apply)

Policy/Procedure Dispute Harassment/Discrimination Administrative Practice

Other (Specify): _____

Details of the Grievance:

Date of Incident(s): _____

Describe the incident(s) or issue(s): (If needed, please attach narrative or other documentation)

Have you discussed this issue with your supervisor or administration? Yes No

If yes, describe the outcome: _____

What relief are you seeking by filing this complaint?

By signing below, I affirm that the information I have submitted is accurate and complete to the best of my knowledge. I agree to cooperate with the designated complaint manager throughout the investigation process.

Signature: _____ Date: _____