

EMPLOYEE COMPLAINT/GRIEVANCE

Complainant:

Name: _____

Address: _____

Phone Number: _____

Provide a Description of Complaint/Grievance:

Specify the location of Complaint/Grievance (if applicable):

Specify what you think should be done to resolve the Complaint/Grievance.

Signature of Complainant

Date

Individual Receiving Complaint:

Name: _____

Address: _____

Phone Number: _____

Signature of Individual Receiving Complaint

Date

Specify Results of Investigation

Signature of Individual Conducting Investigation

Date

Provide Resolution to Complaint

Signature of Individual(s) Providing Resolution

Date

Follow-up to Evaluate Effectiveness of Resolution

Signature of Individual Evaluating Effectiveness of Resolution

Date

Describe Corrective Action Taken if Resolution was not Effective

Signature of Individual Establishing Corrective Action(s)

Date