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|--|--|---|--|
| <b>Complainant Name:</b>   |  | <b>Employee ID Number:</b>                    |  |
| <b>Address:</b>  | <b>City:</b>   | <b>State:</b>                                 | <b>Zip:</b>                                    |
| <b>Phone:</b>  | <b>Job Assignment:</b>   | <b>Campus/Department:</b>                     |  |
| <b>Employee Email:</b>   |  |   |  |
| <b>Representation (Choose one)</b>   | <b>Self</b> <input type="checkbox"/>                           | <b>Legal Counsel</b> <input type="checkbox"/> | <b>Representative</b> <input type="checkbox"/> |
| <b>Representative's Name:</b>  | <b>Phone:</b>  | <b>Email:</b>                                 |  |
| <b>If Public, Complete Section 2.C. below:</b>   |  |   |  |
| <b>Section 2.C.</b>  |  |   |  |
| <b>Complainant Name:</b>   |  |   |  |
| <b>Address:</b>  | <b>City:</b>   | <b>State:</b>                                 | <b>Zip:</b>                                    |
| <b>Phone:</b>  | <b>Company/Organization/Other Affiliation (if applicable):</b> |   |  |
| <b>Email:</b>  |  |   |  |
| <b>Representation (Choose one)</b>   | <b>Self</b> <input type="checkbox"/>                           | <b>Legal Counsel</b> <input type="checkbox"/> | <b>Representative</b> <input type="checkbox"/> |
| <b>Representative's Name:</b>  | <b>Phone:</b>  | <b>Email:</b>                                 |  |
| <b>SECTION III (Required)</b>  |  |   |  |
| <b>Complaint Filed Against:</b>  | <b>Position/Title:</b>   | <b>Campus/Department:</b>                     |  |
| <b>SECTION IV (Required) - Basis of Complaint</b>  |  |   |  |
| <b>Statement describing circumstances giving rise to the complaint/grievance (be as specific as possible):</b> |  |   |  |

**State specific harm you allege:**

**Has an attempt been made to resolve the issue informally? If yes, please describe, including the date(s) of the attempted resolution and with whom:**

**Specific Relief or Remedy Sought (REQUIRED):**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Documents Attached: NO  \*YES  \* If Yes, must complete and attach the Grievant Hearing Exhibit Form. Note: ALL documents related to this complaint must be attached to grievance submission.**