

**EMPLOYEE COMPLAINT FORM**  
**Human Resource Department**



Name	
Job Title	
Department/Division	
Supervisor	
Best Contact Information	

A complaint is defined as:

- 1) *A claim by an individual employee regarding a specific management /supervisory/employee act which is alleged to have adversely affected the employee's existing terms or conditions of employment; or*
- 2) *A claim by an individual employee alleging that a provision of City Policy has been violated. Please describe your complaint in detail by completing the following questions and return this form to Human Resources. Attach additional sheets if needed.*

1. Management/supervisory/employee act to be reviewed.
  
2. Date or dates of each act.
  
3. City policy or procedure violated (if any).
  
4. How did the management/supervisory/employee act violate policy or procedure?
  
5. How were you adversely affected?
  
6. Have you filed this complaint with any other department or agency?      Yes/No  
    If you answered "Yes," with what agency did you file? What was the date you filed the complaint?
  
7. Resolution Requested.
  
8. Do you know any other individuals who witnessed the alleged complaint?      Yes/No