

---

*Print or type*

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Classification:     Administrative                       Faculty  
                           Professional                          Clerical / Support Staff

Date complaint / grievance first discussed with supervisor: \_\_\_\_\_

Name of next higher-level supervisor: \_\_\_\_\_

Date complaint/grievance discussed with next-higher level supervisor: \_\_\_\_\_

Explanation of complaint / grievance (Include identification of any institution policy violated):

Corrective action desired:

---

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_