

FORMAL COMPLAINT
NO.
HR Use Only

**HOUSTON COMMUNITY COLLEGE SYSTEM
FORMAL COMPLAINT FORM FOR FULL-TIME EMPLOYEES
(HCCS POLICY C:3.3)**

_____		_____	_____
Name and Title		Office Phone	Mail Code
_____		_____	
Home Address	Zip	Home Phone	
_____		_____	
E-Mail Address		Immediate Supervisor	Office Phone
_____		_____	
College/Division	Department	2 nd Level Supervisor	Office Phone

When did you address this issue informally with your immediate supervisor, as required by Formal Complaint Procedures? Please explain.

Your complaint is based on a violation of what HCCS Policy? _____
(Specify)

When did the incident(s) for which you are filing a formal complaint occur, or when were you first aware of its occurrence, whichever is earlier? _____
(Give the specific date or dates)

What is your complaint?
(Please provide a specific description of the alleged complaint, attach additional sheets if necessary)

Who are you claiming is the responsible party(ies)?
(Attach additional sheets if necessary)

Specific action(s) you are requesting be taken in order to resolve the complaint:
(Attach additional sheets if necessary)

(Signature of Employee)

(Date)

Confidentiality Notice: To the extent authorized by law and in accordance with any specific written objectives of the employee/complainant, this document will be treated in a confidential manner to be released only to those authorized persons with a need to know.

(Note: The original to the EEO/Employee Relations Department (MC 1104) and copy retained by complainant)