



Employee Complaint Form

This form is NOT for the purpose of addressing sexual harassment, discrimination, harassment or retaliation (DHR) issues. Please see [Title IX](#) or [DHR](#) websites for more information.

*Please confirm you discussed your concerns **first** with the person or group you are struggling with and **then** with your supervisor . If you find no resolution after both of these approaches, please use this form to get further involvement from HR.*

Your Name:

Your Title:

Status: Employee Faculty Customer Other (Specify)

Department:

Phone Number:

E-mail:

Today's Date:

Complaint Information

Date of Incident:

Time of Incident:

Location of Incident:

Please describe the incident in detail.

Were there any witnesses to this specific event? (If yes, please provide names and contact information)

Is this the first time you have raised a concern about this issue? Yes No

Please describe any suggestions for resolving your complaint and explain.

Please describe any additional information not covered above.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide any evidence UCC deems relevant.

Signature:

Date:

Please return this completed form to [Human Resources](#).