

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
EMPLOYEE COMPLAINT STATEMENT**

This form is to be used only for complaints based on OP 70.10. A complaint is an employee's formal expression of disagreement concerning issues pertaining to wages, hours, working conditions, performance evaluations, merit raises, job promotions, job assignments or similar matters involving management decisions concerning the employee.

Include only one incident per complaint. Additional pages may be used for the same complaint; however, separate forms should be used for separate complaints. Refer to OP 70.10 for additional information.

Name of Person Filing Complaint: _____

Tech ID: R# _____

Address: _____

Permanent Address, if different: _____

Cell Phone: _____ Work Phone: _____

Work Email Address: _____

Personal Email Address: _____

Preferred Method of Contact: _____

Employing Department: _____

Name of Immediate Supervisor: _____

1. Are you filling out this form on behalf of yourself or another person? If you are filling it out for someone else, please give their name and contact information.

2. Provide a clear and concise statement of the complained of behavior.

3. Date of the alleged action or violation.

4. Location of the alleged action or violation.

5. Please provide the name(s) and contact information of the person you are complaining about.

6. Please provide the name(s) and contact information of any witnesses.

7. Please provide the names of any persons or entities to whom any violation of law was reported and the date of the report.

8. What TTUHSC policy, procedure, or law do you believe was violated and how.

9. What specific resolution do you seek?

Please print and sign this form. Include all relevant documentation including notices of employment actions, counseling, e-mail, and/or photographs. Once signed, please return to the appropriate administrator and Human Resources. You may also contact your local HR office for assistance or questions. An employee is allowed to present a complaint without retaliation.

Employee's Signature: _____ Date: _____