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| **Name (Last) (First) (M.I.)**  |  **Campus Department** |
| **Your Job Title Classification:** **Status: [ ] Career [ ] Probationary [ ] Limited** | **Phone Number (work):** |
| **Home Mailing Address** | **Phone Number (cell or home):** |
| **Supervisor’s Name** | **Supervisor’s Title** |
| **Representative’s Name (if any)/Organization/Address** | **Representative’s Phone Number(s)** |

**STATEMENT OF COMPLAINT**

1. **What specific management action is being complained about and who took the action:**
2. **Date of management action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. If you are alleging that a specific PPSM Policy violation occurred, please identify the specific PPSM Policy number(s) and section(s) that were allegedly violated:
4. State how your terms and conditions of employment have been adversely affected by the alleged action in a material way:
5. Please state the action/remedy you seek in resolving this complaint:

E. Provide the dates of attempts at informal resolution and the name(s) of the person(s) involved in such attempts:

|  |  |
| --- | --- |
| **Employee’s Signature** | **Received by Labor Relations** |
|  **Date:** |  **Date:** |

Note: University employees have the right to use the complaint resolution procedure without prejudice or reprisal.