

## **EMPLOYEE RELATIONS COMPLAINT FORM**

You must complete all applicable sections before submitting. Employee Relations can assist you with completing this form. To submit an anonymous complaint, call 1-877-556-5356 or submit a [web-based complaint](#) with the UF Compliance Hotline (visit <http://www.compliance.ufl.edu/Reporting/methods.html>)

### **Complainant’s Information**

Your First and Last Name: \_\_\_\_\_

Do you have a UFID? If so, provide here: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Preferred Method of Contact (phone or email): \_\_\_\_\_

### **Respondent's Information**

The Respondent is the person or persons against whom you are submitting a complaint.

Primary Respondent First and Last Name: \_\_\_\_\_

Working Relationship (Respondent is my: supervisor, colleague, direct report, other): \_\_\_\_\_

Add second Respondent, if applicable (if there are more than two Respondents, identify by name and title in Basis of Complaint, below)

Second Respondent First and Last Name: \_\_\_\_\_

Working Relationship (Respondent is my: supervisor, colleague, direct report, other): \_\_\_\_\_

### **Basis of Complaint**

Explain your situation with as much detail as you can. Include the names of the people who you believe are engaged in misconduct. Be sure to include date(s) of the incident(s), specific location(s), and any supporting details. Identify any University or departmental policies or regulations you believe have been violated. Please describe the specific way(s) in which you believe you have been harmed as a result of the circumstances reported above and explain how you believe Employee Relations can resolve the situation to your satisfaction (i.e., describe what you would like to see done).

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**Witnesses**

Identify by name and job title or position any witnesses who have personal knowledge of the incidents or conduct you describe (if there are more than five witnesses, identify by name in Basis of Complaint, above).

First & Last Name: \_\_\_\_\_ Job Title or Position \_\_\_\_\_

First & Last Name: \_\_\_\_\_ Job Title or Position \_\_\_\_\_

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First & Last Name: \_\_\_\_\_ Job Title or Position \_\_\_\_\_

**Description of Desired Resolutions/Outcomes**

Please provide several possible solutions that you believe would resolve the situation you have described.

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**Attachments**

To best assess your complaint, attach all relevant documentation (e.g., emails, letters, etc.).

**Submission**

By submitting this complaint below, I certify that the information given in this complaint is true and correct to the best of my knowledge or belief. I understand I will be contacted by Human Resources to discuss my concerns. Depending on the current volume of complaints, contact time may vary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date