

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).

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	_____
First & Last Name:	_____	Job Title or Position	_____
First & Last Name:	_____	Job Title or Position	_____
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.

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