



## COMPLAINT/GRIEVANCE FORM

DEPARTMENT OF HUMAN RESOURCES  
3100 CLEBURNE AVENUE • HOUSTON, TEXAS 77004  
Phone (713)313-7521 / Fax (713)313-4347

### About You (“The Complainant”)

- 1. Your name: \_\_\_\_\_
- 2. Status: Student [ ] Staff [ ] Faculty [ ] Other (specify): \_\_\_\_\_
- 3. Administrative Unit/Department and title: \_\_\_\_\_  
*(If applicable)*
- 4. Mailing Address: \_\_\_\_\_
- 5. Phone Number: \_\_\_\_\_ 6. E Mail Address: \_\_\_\_\_

### About The Person(s) You are Filing a Complaint Against (The “Respondent”)

- 7. Respondent’s Name: \_\_\_\_\_
- 8. Status: Student [ ] Staff [ ] Faculty [ ] Other (specify): \_\_\_\_\_
- 9. Administrative Unit/Department and title: \_\_\_\_\_  
*(If applicable)*

### About Your Complaint

- 10. Dates and frequency the event(s) occurred: \_\_\_\_\_
- 11. Please describe the specific act(s) alleged. If additional space is needed, you may write on the reverse side of this form or attach a separate sheet(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12. Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s), indicate if witness or individual with similar experience, their address(s) and their phone number(s).

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13. Have you filed this report with any other agency or an attorney? Yes  No

If yes, with whom? \_\_\_\_\_

14. Do you have any suggestions for proposed action to address or resolve the complaint/grievance?

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15. Do you have any additional information and/or comments (use separate sheet if necessary):

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Signature of person making report: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return the completed form to the Department of Human Resources, Hannah Hall, Suite 126*