



## COMPLAINT/GRIEVANCE FORM

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

### About You (“The Complainant”)

- 1. Your name and T-number: \_\_\_\_\_
- 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 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 decision(s) or circumstances causing the complaint. 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. Please explain how you have been harmed by this decision or circumstance:

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13. Please describe any efforts you have made to resolve your complaint informally and the responses to your efforts:

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With whom did you communicate? \_\_\_\_\_

On what dates(s)? \_\_\_\_\_

14. 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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15. Please describe the outcome or remedy you seek for this complaint:

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

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

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

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18. Do you have any additional information and 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*

FOR OFFICE USE ONLY	
Date/Time Received:	Case No: