



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 (give specific factual details). If additional space is needed, you may write on the reverse side of this form or attach a separate sheet(s):

12. Please explain how you have been harmed by this decision or circumstance:

13. Please list the MAPP allegedly violated, misinterpreted, or misapplied.

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

With whom did you communicate? _____

On what dates(s)? _____

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

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

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

If yes, with whom? _____

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

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

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: