

Employee Relations – Complaint Form

Human Resources encourages you to contact Employee Relations regarding your workplace complaint/concerns. Please submit this form for further review, to Human Resources at IST 2078 or at Poly South (LTB 1139) attention Human Resources. Form may also be submitted to $\frac{hr@floridapoly.edu}{hr@floridapoly.edu}$

	•	ant):	Date:	
Job title: Phone number:		Department:		
		Email Address:		
Complaint Reg	garding:			
☐ Faculty	☐ Staff	☐ Student	☐ Other (specify)	
Employee Name (Respondent):			Date of I	ncident:
Job Title:	Job Title:		Department:	
Phone number	·		Email Address:	
	compiaint in c	detail. Attach add	itional pages if necessary. If yo	u believe a specific

Witness #1 Name:	Contact Information:	
Information Witness Can Provide:		
Witness #2 Name:	Contact Information:	
Information Witness Can Provide:		
Have you raised this complaint/concer	n with any other University Official?	If yes, please
specify:		
Resolution Requested:		
STATEMENT ON NON-RETALIATION		
Employees have the right to use this interference, coercion, discrimination, participation in the process as a comp faced retaliation as part of this process,	or reprisal. Employees may not be relainant, respondent, or witness. If yo	etaliated against for ou believe you have
CERTIFICATION		
I hereby certify that all the inform documentation is true, complete to the I understand that I must continue to employment during this period.	best of my knowledge and belief, and	d filed in good faith.
Complainant Name (print)	Complainant Signature	Date
HR Representative Name (print)	— HR Representative Signature	 Date