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### 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 2033 or at Poly South (LTB 1133) attention Regina L. Brown. Form may also be submitted to [rbrown@floridapoly.edu](mailto:rbrown@floridapoly.edu)*

**Employee Name (Complainant):** \_\_\_\_\_ **Date:**  
\_\_\_\_\_

**Job title:** \_\_\_\_\_ **Department:**  
\_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email Address:**  
\_\_\_\_\_

Complaint Regarding:

Faculty     Staff     Student     Other (specify) \_\_\_\_\_

**Employee Name (Respondent):** \_\_\_\_\_ **Date of Incident:**  
\_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Department:**  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address:

\_\_\_\_\_

Describe your complaint in detail. Attach additional pages if necessary. If you believe a specific policy has been violated, include that information.

Witness #1 Name: \_\_\_\_\_ Contact Information:

\_\_\_\_\_

Information Witness Can Provide:

Witness #2 Name: \_\_\_\_\_ Contact Information:

\_\_\_\_\_

Information Witness Can Provide:

Have you raised this complaint/concern with any other University Official? If yes, please specify:

\_\_\_\_\_

Resolution Requested:

\_\_\_\_\_

\_\_\_\_\_

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**STATEMENT ON NON-RETALIATION**

Employees have the right to use this procedure free from threats or acts of retaliation, interference, coercion, discrimination, or reprisal. Employees may not be retaliated against for participation in the process as a complainant, respondent, or witness. If you believe you have faced retaliation as part of this process, you should report this to HR immediately.

**CERTIFICATION**

I hereby certify that all the information submitted on this form and any supporting documentation is true, complete to the best of my knowledge and belief, and filed in good faith. I understand that I must continue to meet performance and conduct expectations of my employment during this period.

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Complainant Name (print)	Complainant Signature	Date
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HR Representative Name (print)	HR Representative Signature	Date
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