

**LEVEL I - SUPERVISOR  
FORMAL EMPLOYEE COMPLAINT FORM**

To be completed by complainant within ten (10) working days of the date the employee became aware of the events (or with reasonable diligence should have known of the events grieved) or within ten working days after informal resolution was attempted, if that date is later. Any complaint not received within this time period shall be dismissed as untimely and shall not be subject to further appeal or review. Additional pages may be attached.

Complainant Name \_\_\_\_\_

Complaint Title: \_\_\_\_\_

Date informal resolution attempted: \_\_\_\_\_

Date complaint form submitted \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Supervisors Title: \_\_\_\_\_

Policy or regulation alleged to have been violated: \_\_\_\_\_

Statement of Complainant: \_\_\_\_\_

Action Requested: \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Signature of Person Receiving Form\*

\*Receiving Supervisor must date stamp upon receiving this form. The supervisor will investigate the Level I complaint and mail (or email if available) a written response to the complainant within ten (10) working days of receipt of the complaint, as determined by a date stamp on the document indicating receipt by the supervisor. By mutual written agreement the response time may be lengthened in order to fully investigate the complaint.