EMPLOYEE PRIMARY LEVEL COMPLAINT NOTICE

Complaint forms and appeal notices may be filed by hand-delivery, by electronic communication, including email and fax, or by U.S. Mail to Human Resources. See TSC Policies, Regulations and Exhibits found on the Human Resources webpage for more details about the grievance process.

1. Name
2. Address

Telephone number ( )

1. Position Department
2. If you will be represented in voicing your complaint, please identify the person representing you.

Name

Address

Telephone number ( )

1. Please describe the decision or circumstances causing your complaint (give specific factual details):

1. What was the date of the decision or circumstances causing your complaint?
2. Please explain how you have been harmed by this decision or circumstance:

1. 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 date?

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

Employee Signature

Signature of Employee’s Representative

Date of Filing

*All complaints must be written in a clear and understandable manner describing precisely the offending behavior or issue and presenting a reasonable remedy. Any complaints that fail to meet the above standards will be returned to the grievant for correction.*

*Attach to this form any documents you believe will support the complaint. If you do not have copies of all the documents that support the complaint, they may be presented to the Primary Hearing Level Administrator or Officer during the investigation period or 72 hours prior to the formal Primary Hearing. No new documents may be submitted by the employee unless the employee did not know the documents existed before the Primary Level Hearing or investigation. Please keep a copy of the completed form and any supporting documentation for your records.*