

Alabama Agricultural and Mechanical University

Office of Human Resources

Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762

Phone: 256.372.5835

Fax: 256.372.5881

University Complaint Form

This form should be used to file a complaint or concern, or experience a problem that affects you or your co-worker(s). Please complete this form within five (5) working days after the incident or problem first occurred. The Office of Human Resources will contact you within 48 hours after receiving the complaint form.

Personal Information

Date: _____

Name: _____ Contact number: _____

Address: _____ City and State: _____

Employment Information

Position: _____ Department: _____

Status: Faculty _____ Staff _____ Other (specify): _____

Immediate Supervisor: _____ Telephone number: _____

Complaint/Concern Information

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe in detail the specific act(s) of the complaint and/or concern. You may use additional sheets.

Are there others who have witnessed this behavior or others who have experienced a similar concern or problem? If so, please provide their name(s) and telephone numbers.

Did you raise this complaint/concern with your immediate supervisor or any other manager/supervisor at the University?

Yes___ No___ If yes, please provide the name(s)._____

What were the results from the University management?_____

Do you have any suggestions for proposed action to address or resolve the complaint/concern?

Please return the form to the Office of Human Resources.

Signature:_____

Date:_____