



COMPLAINT FORM

HUMAN RESOURCES DEPARTMENT

Instructions: Please print using blue or black ink pen. Fill out all of the information requested below as completely as possible. Return completed and signed form to Human Resources - Employee Relations and Equity (see last page for return options).

| COMPLAINT INFORMATION | |
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| Name: | Date: |
| Address: | Email Address (work): |
| | Email Address (personal): |
| Campus Phone: | Home#__ / Cell Phone#__: |
| Preferred Method of Contact: | |
| Department and Campus: | Status: (check one) <input type="checkbox"/> Staff Employee <input type="checkbox"/> Academic Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Student Employee <input type="checkbox"/> Student <input type="checkbox"/> Applicant |
| If you are an employee, what is your title/classification? | If you are a student, what is your date of last registration? |
| If you are an applicant, what position(s) did you apply for? | What date did you apply for the position? |

Identify the dates that the alleged complaint took place:

Earliest date: _____

Latest date: _____

1. Identify the person or persons against whom your allegations are made.

2. Describe the nature of your complaint, the incident(s), date(s), and place(s). Attach additional pages to this complaint if necessary.

3. Have you previously notified your immediate supervisor or department head, dean, human resources office, or other appropriate person(s) (e.g. union representative) of the problem? Yes No

➤ If yes, who was notified and what action has been taken to date?

4. Identify others who may have observed or witnessed the incident(s) that you described:

| Name: | Position: | Dept: | Telephone: |
|-------|-----------|-------|------------|
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5. Identify others you believe might have experienced the same situation.

| Name: | Position: | Dept: | Telephone: |
|-------|-----------|-------|------------|
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6. Do you have any documents that support your allegation? (Please list and attach a copy)

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7. What would you consider to be a successful or acceptable outcome/resolution to your complaint?

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8. If you are to be represented by CWA or AFSCME, please provide the name and telephone number of your representative.

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COMPLAINT SIGNATURE

I hereby certify that the above information is true.

Print Name:

Signature:

Date:

Please complete the form and return to Human Resources - Employee Relations by using one of the following methods:

Mail Confidential Envelope to:

**Community College of Baltimore County
Human Resources – Employee Relations and Equity
Business, Education and Social Sciences Building, Suite 102
800 South Rolling Road, Catonsville, MD 21228
Phone: (443) 840-5150**

Email to:

Equity@CCBCMD.edu *(form must be scanned with signature)*

Fax Confidentially to:

**Human Resources – Employee Relations
CONFIDENTIAL FAX: (443) 840-5167**