**Workplace Conflict: Employee Formal Complaint Form**

This form is to be used by employees to initiate a formal complaint as outlined in the [Lane Community College Workplace Conflict Process](http://www.lanecc.edu/copps/documents/workplace-conflict-formal-complaint-process).

**RETURN THIS FORM TO HUMAN RESOURCES** Building #3 (Administration), First Floor

***This section is to be completed by the person filing the complaint:***

**Name** of complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dept**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person (s) identified as part of or causing the conflict/workplace problem**

Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The problem or issue** (please briefly describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach a separate sheet with details and description of the problem. Include the steps you have taken to solve the problem informally.**

**BE SURE TO INCLUDE YOUR DESIRED OUTCOME OR RESOLUTION OF YOUR COMPLAINT.**

**Date submitted**:\_\_\_\_\_\_\_ **SIGNATURE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list** the names of other people with information about the complaint or who have worked with you to try and resolve the issue:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***This section is to be completed by HR & investigating VP***

**Complaint Received in HR:** Date\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_\_\_\_\_

**Complaint received by VP:** Date\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_\_\_\_\_

**Written notification of the complaint sent by VP to all relevant parties** (within **5** working days of receipt of the complaint): Date\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_

**Complaint assigned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date\_\_\_\_ Initials\_\_\_\_\_\_

***This section is to be completed by******investigating VP or assigned administrator:***

**Investigating VP or assigned administrator sends written notice of findings to complainant and those named in the complaint**

(within **20** working days of complaint being filed):Date\_\_\_\_\_Initials\_\_\_\_\_\_\_\_\_

Extension? Y / N (10 working days)

**Investigating VP or assigned administrator forwards official complaint file to HR** Date\_\_\_\_ Initials\_\_\_\_\_\_

**Investigating VP or assigned administrator reviews results/resolution with those involved 6 weeks after closure of the complaint** Date\_\_\_\_ Initials\_\_\_\_\_\_

**Investigating VP or assigned administrator reviews results/resolution with those involved 6 months after closure of the complaint** Date\_\_\_\_ Initials\_\_\_\_\_\_