

TZTS Employee Complaint/Concern Form

The Human Resources Office encourages you to complete this form if you, have a complaint or concern, or experience a problem that affects you or your co-workers. We ask that you complete this form within five working days after the incident or problem first occurred. Human Resources will contact you as soon as possible.

Your name: _____

Date: _____

Department: _____

Title: _____

Phone Number where you can be reached: _____

Complaint/Concern Information

Date of Incident: _____

Time of Incident: _____

Location of Incident:

Please describe the specific act(s):

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):

For Human Resources' coordination of response, please advise if you have raised this complaint/concern with your supervisor?

Yes

No

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

Do you have any additional information or comments?