



# EMPLOYEE COMPLAINT FORM

HR-03621-B

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Emp ID: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Check One:  Classified  Unclassified

Division: \_\_\_\_\_ Unit: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Preferred Mailing Address: Check One:  Home  Work

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## COMPLAINT INFORMATION:

Date problem occurred (or date you became aware of problem): \_\_\_\_\_

Name and job title of supervisor or person responsible for problem/issue addressed in your complaint:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

*(You are encouraged to discuss the issue with your supervisor prior to filing a complaint.)*

**DATE ISSUE(s) OCCURRED LIST ISSUE(s)** [Example: *unsafe or unhealthful working conditions*]

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*(Additional documents may be submitted for further explanation.)*

**Statement of Complaint:** Describe what happened, when and where and indicate names of others involved in complaint. Explain how you! employment has been unfavorably affected. (Attach a separate sheet, if necessary.)



Georgia Department of Public Health

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Are you alleging erroneous, arbitrary or capricious interpretation or application of personnel policies, procedures, rules Regulations, ordinances, or statutes?  Yes  No  
If yes, specify which ones and how:

Relief(s) Requested: What action do you want taken to correct and/or resolve your issue (s)?

## EMPLOYEE STATEMENT

I am filing a formal complaint and have completed the two pages of this form indicating the issue(s) of my complaint, how my employment has been unfavorably affected, and relief requested. My signature indicates that all of the information contained on the *EMPLOYEE COMPLAINT FORM* and supporting documentation is true and factual to the best of my knowledge.

Employee signature \_\_\_\_\_ Date: \_\_\_\_\_

Number of additional pages of supporting documents submitted with form: \_\_\_\_\_

## INSTRUCTIONS:

Deliver, mail or fax *EMPLOYEE COMPLAINT FORM* and supporting documents to:  
Northeast Health District  
Human Resources  
220 Research Drive  
Athens, Georgia 30605  
Phone: 706-583-2773 / Fax: 706-583-2881

**FOR ASSISTANCE OR INFORMATION, PLEASE CONTACT THE ABOVE OFFICE**

## FOR DPH HUMAN RESOURCES SECTION USE ONLY

Date and Time Received: \_\_\_\_\_ Complaint #: \_\_\_\_\_

Received By (PRINT NAME): \_\_\_\_\_

Received by - Signature: