

EMPLOYEE COMPLAINT FORM

Employee: _____ Date: _____

Library: _____ Job Title: _____

Statement of Grievance (Background/activity leading to complaint, including dates):

Remedy Requested: _____

Employee's Signature: _____ Date: _____

Date Library Manager was notified (if applicable): _____
(Please attach response)

Date Director was notified (if applicable): _____
(Please attach response)

Date forwarded to Administrative Services Librarian: _____