Form KCA-0010

COMPLAINT / GRIEVANCE FORM

EMPLOYEE NAME:

FOR OFFICE USE

SECTION 1.

Complaint/Grievance From:

Name: _____
Last First Middle

Address: _____
Street City State Zip

Date:

Day Phone:

SECTION 2.

Complaint/Grievance Against:

Name: _____
Last First Middle

Position: _____
Title

SECTION 3.

This complaint/grievance involves or is suspected to involve: **(check if any apply)**

☐ Criminal Wrong-doing ☐ Child-Endangerment ☐ Sexual Harassment

(If you check any of the boxes above, please skip Section 4 and go to Section 5.)

SECTION 4.

I have attempted to resolve this complaint/grievance by directly contacting the person listed in Section 2; however, this complaint/grievance remains unresolved and therefore I would like to file a formal complaint/grievance against this person. _____ Initial _____ Date

(If your complaint/grievance has been resolved, please do not turn in this form.)

SECTION 5.

Type of Complaint/Grievance? _____
(i.e. rudeness, unprofessional lifestyle, etc.)

Date of Event: _____ Time of Event: _____

Location of Event: _____

Witnesses: _____

_____

SECTION 6.

Detailed Narrative.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(add separate page(s), if needed)

SECTION 7.

I hereby file this formal complaint/grievance against the person listed in Section 2 of this form. I understand that filing false claims can result in civil and/or criminal repercussions against myself. With this knowledge, I attest that the information provided by me in this form is true to the best of my knowledge and ability. I also understand that the person for whom I am filing this complaint/grievance will have an opportunity to view this document in its entirety and will have a chance to respond to the allegations listed herein.

_____ _____
Signature Date