

Texas A&M International University

Office of Human Resources

COMPLAINT FORM

NOTE: This form is not for complaints alleging illegal discrimination, sexual harassment, and/or related retaliation. Such reports/complaints must be filed in accordance with System Regulation 08.01.01, Civil Rights Compliance.

INSTRUCTIONS: Complete form, sign, and submit to the Office of Human Resources. The Office of Human Resources will facilitate the complaint procedures and timelines stipulated in **System Regulation 32.01.02, Complaint and Appeal Process for Nonfaculty Employees** and **TAMIU Rule 32.01.02.L1, Complaint and Appeal Process for Non-Faculty Employees**.

FROM:

Complainant Name: _____

Complainant Title: _____

Complainant Department: _____

Date: _____

STATEMENT OF COMPLAINT: State the details of your complaint, including dates of occurrence of any acts that are the subject of your complaint, names of any witnesses, **and how you wish the complaint to be resolved.** Use the reverse side of this paper or attach additional pages if more space is necessary.

I certify that the information provided in this Complaint Form is accurate and complete to the best of my knowledge.

Complainant Signature

Date

FOR HR OFFICE USE ONLY:

Date Received by HR Office: _____

Date Delivered to Appropriate VP: _____

Name of Appropriate VP/Senior Administrator to Review Complaint: _____