

## UNIVERSITY OF PUGET SOUND COMPLAINT RESOLUTION PROCEDURES

This form is to be used in conjunction with the University's Complaint Resolution Procedures for staff members. Use reverse side or additional pages if necessary. Refer to the Complaint Resolution Procedures in the Staff Policies and Procedures Manual.

Staff Member's Name (Complainant):	Department:
Job Title:	Respondent's Name:
Describe all facts of the complaint including date, time, place of occurrence, etc.:	
List the University or departmental policy or practice which you believe to have been improperly applied, misinterpreted or violated:	
Describe the specific corrective action or outcome you hope will result from the complaint resolution process:	
Staff Member's Signature:	Date:
Date presented to the Director of Human Resources:	