PERSONNEL PROCEDURES FOR UCI STAFF MEMBERS
Procedure 70: Complaint Resolution
Professional & Support Staff (PSS)

Step I: Request for Formal Review

Name _____
Non Work Address _____
Work phone _____ Home phone _____
Department _____ Classification _____
Supervisor _____ Phone _____
Representative (if any) _____ Phone _____
Representative's Address _____
Date(s) of Informal Discussion(s) with Supervisor _____
Policy(ies) alleged to have been violated _____

STATEMENT OF COMPLAINT: Fully explain your complaint. State the issue and how you were adversely affected. Be specific and include dates and names as appropriate. Use additional sheets if necessary.

Remedy requested _____

Employee signature _____ Date _____

(To be filled out by Human Resources)

Complaint # _____ Date Received _____

Revised 2014