

ALCORN STATE UNIVERSITY

EMPLOYEE COMPLAINT AND RESOLUTION FORM

The goal of the Employee Complaint Form is to attempt to resolve concerns and conflicts on the level nearest the concern. You are encouraged to discuss your concerns with the person who can best address them. However, if those efforts do not produce results that are satisfactory to you, a formal complaint process is in place. This form is provided as a tool to help you in formulating your complaint under provisions of IHL Board Policy and University Procedures.

There are some specific complaints that are governed by other policies such as allegations of discrimination, disciplinary actions, etc. and should not be addressed on this form. Please refer to the Employee Handbook for a listing of those policies. The complaint process includes a specific timeline. For a formal complaint to be considered, this document must be filed within 10 days of the date the employee first knew, (or with reasonable diligence should have known) of the decision or action giving rise to the complaint or grievance; and should be discussed with the lowest level administrator who has the authority to address your concern. You may also contact the Employee Relations Manager in the Department of Human Resources @ 601-877-6188 for help in completing this form.

Complainant's Name: _____
 Address: _____ City: _____ Zip: _____
 Telephone number where you can be reached: _____ Best time to call: _____
 Department: _____ Position: _____
 Date(s) of event related to complaint: _____
 Is this a concern regarding a supervisor? (*Indicate yes or no*) _____ Another employee?
 _____ (*Indicate yes or no*)
 Have you spoken with any employee regarding this concern? _____ if yes, please provide the name
 of the person and when you spoke to him/her. _____

Complaint form received by _____ Date _____
 Referred to _____ Date _____

Level I: (Manager/Supervisor)	Level II: (Vice President's Office)	Level III: (Human Resources)
_____ (date)	_____ (date)	_____ (date)

Employee Contacted on (date) _____ by (means of communication) _____
 Administrator's Signature _____ Date _____

Concern or complaint in detail: *(Additional documentation in support of your complaint may be attached.)*

Specific facts to support your complaint: *(List in detail.)*

Relief requested:

Signature of Employee: _____ Date _____

Resolution:

Signature of Supervisor/Department Head: _____ Date _____