

COMPLAINT/GRIEVANCE FORM
MOTLOW STATE COMMUNITY COLLEGE

(Type or Print)

1. Name _____
2. Position _____
3. Classification: __Administrative __Faculty
 __Professional __Clerical and Support
4. Department/Divison _____
5. Name of immediate supervisor _____
6. Date complaint/grievance initially discussed with immediate supervisor _____
7. Name of next-higher level supervisor: _____
8. Date complaint/grievance initially discussed with next-higher supervisor: _____
9. Explanation of complaint/grievance (include identification of any institution policy violated):

10. Corrective action desired: _____

Employee Signature

Date