



FORMAL COMPLAINT/APPEAL

Complainant's Name	Title
Current Phone Number	Email address
Employer: ___ Texas A&M AgriLife Research ___ Texas A&M AgriLife Extension Service ___ Texas A&M Forest Service ___ Texas A&M Veterinary Medical Diagnostic Laboratory	
Date of Action or Incident that led to this Complaint/Appeal:	
Who is your complaint/appeal against?	
State the details of your complaint/appeal. Provide firsthand information describing your complaint /appeal. Also provide or list any evidence that would support your position, such as relevant memoranda, policies, regulations or rules, notes, etc. Attach additional pages if necessary.	
State resolution you are seeking:	
<i>Complete page 2 if providing names of witnesses.</i>	

By my signature, I certify that the facts submitted by me are true and accurate to the best of my knowledge.

Complainant's Signature

Date

For questions concerning this form, please call 979-845-2423

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Date received by Human Resources: _____
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Complainant's Name

Identification of Witnesses

Please provide the names of witnesses with firsthand knowledge of information directly related to your complaint/appeal.

Name of Witness #1	Contact Phone Number
Issues for which witness will have firsthand knowledge:	
Name of Witness #2	Contact Phone Number
Issues for which witness will have firsthand knowledge:	
Name of Witness #3	Contact Phone Number
Issues for which witness will have firsthand knowledge:	
Name of Witness #4	Contact Phone Number
Issues for which witness will have firsthand knowledge:	
Name of Witness #5	Contact Phone Number
Issues for which witness will have firsthand knowledge:	
Name of Witness #6	Contact Phone Number
Issues for which witness will have firsthand knowledge:	

Date received by Human Resources: _____
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