



Formal Complaint and Appeal Form

Name (Complainant)	UIN
Title	Phone number
Email address	Unit/Department
Date of hire	Date of action or incident that led to this complaint?
Employer <input type="checkbox"/> Texas A&M AgriLife Extension <input type="checkbox"/> Texas A&M Forest Service <input type="checkbox"/> Texas A&M AgriLife Research <input type="checkbox"/> Texas A&M Veterinary Medical Diagnostic Laboratory	
Who is your complaint or appeal against (Respondent)?	
What is the subject/nature of your complaint? (Example: wages, termination, etc.)	
On what date(s) did you discuss this complaint with the appropriate member of management or initiate a resolution?	
State the details and provide firsthand information describing your complaint or appeal. Attach additional pages if necessary.	
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:	

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

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



Identification of Witnesses

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

Name of Witness #1	Phone number	Email address
Issues for which witness will have firsthand knowledge:		
Name of Witness #2	Phone number	Email address
Issues for which witness will have firsthand knowledge:		
Name of Witness #3	Phone number	Email address
Issues for which witness will have firsthand knowledge:		
Name of Witness #4	Phone number	Email address
Issues for which witness will have firsthand knowledge:		
Name of Witness #5	Phone number	Email address
Issues for which witness will have firsthand knowledge:		

Forms may be submitted through campus mail, U.S. mail, email, fax, or in person:

Texas A&M AgriLife Human Resources
 2147 TAMU
 578 John Kimbrough Blvd.
 College Station, TX 77843-2147

Email: AgriLifeHR@ag.tamu.edu

Fax: 979-458-1046

For questions concerning this form, please call AgriLife Human Resources at: 979-845-2423.

For HR Office Use:
Date received: _____
Time received: _____
Received by: _____