

COMPLAINT/GRIEVANCE FORM
MOTLOW STATE COMMUNITY COLLEGE

(Type or Print)

1. Name _____

2. Position: _____

3. Classification: Administrative Faculty
 Professional Non-Faculty Clerical and Support

4. Department/Division: _____

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-level supervisor: _____

9. Explanation of complaint/grievance (include identification of any institution policy violated):

10. Corrective action desired: _____

Employee's Signature

Date