

**Complaint Resolution Form**

Reference Number 1.00 Forms	Board Approval 05/2006	Effective Date 07/01/2018	Page 1 of 1
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TO: \_\_\_\_\_ DATE: \_\_\_\_\_

The following portion of this report is to be completed by the employee or student. Describe in detail all pertinent facts related to your complaint. Attach additional sheets if more space is needed. Please include who was involved or witnessed the incident, what happened, where it happened and when the incident occurred.

COMPLAINT: \_\_\_\_\_

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\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee's Signature

The following portion of this report is to be completed by the investigator. Attach additional sheets if more space is needed.

RESOLUTION: \_\_\_\_\_

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\_\_\_\_\_  
Investigator Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date