



**GEORGIA DEPARTMENT OF HUMAN SERVICES  
Human Resources Policy #1501 A1**

**CLASSIFIED EMPLOYEE COMPLAINT FORM**

**Employee Information**

Name:		ID Number:
Job Title:		Division or Office:
Office Phone:		Fax Number:
Cell Phone:		Office Email:
Work Address:		
City:	State:	Zip:

**Supervisor Information**

Name:	Job Title:
Office Email:	Office Number:

**Human Resources Representative Information**

Name:	Office Email:
Fax Number:	Office Number:

**Complaint Information**

<b>Date Issue(s) Occurred</b> Issued must have occurred within 10 days of filing complaint.	<b>Describe Issue(s)</b> Example: Unsafe or unhealthy working conditions.

**Describe what happened?**

**Describe where it happened?**

**When did it happen?**

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**Where did it happen?**

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**Who was involved?**

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Are you alleging erroneous, arbitrary or capricious interpretation or application of DHS policies, procedures, rules or regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please specify which policies, procedures, rules or regulations were violated and how?

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Are you submitting additional documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, list the number of pages:

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Describe your requested relief below.

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My signature below indicates that all of the information contained on this form and supporting documentation is true and factual to the best of my knowledge.

<b>Employee Signature:</b>	<b>Date:</b>
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**Submit this form and supporting documentation to your assigned Human Resources Representative.**