



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1501 A2**

CLASSIFIED EMPLOYEE GROUP COMPLAINT ROSTER

My signature below indicates I am a participant in a group complaint. I have read the entire complaint on the attached Classified Employee Complaint Form and agree with the information contained therein.

Employee Printed Name	Phone Number	Employee ID Number	Employee Signature

Spokesperson 1: Name: _____ Date: _____

Spokesperson 2: Name: _____ Date: _____