



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1502 A1**

UNCLASSIFIED 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

Date Issue(s) Occurred	Describe Issue(s)
Issued must have occurred within 10 days of filing complaint.	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?

Who was involved?

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?

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

Describe your requested relief below.

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.

Employee Signature:	Date:
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Submit this form and supporting documentation to your assigned Human Resources Representative.