



**GEORGIA DEPARTMENT OF HUMAN SERVICES  
Human Resources Policy #1502 A2**

**UNCLASSIFIED 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 Unclassified Employee Complaint Form and agree with the information contained therein.

<b>Employee Printed Name</b>	<b>Phone Number</b>	<b>Employee ID Number</b>	<b>Employee Signature</b>

Spokesperson 1: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Spokesperson 2: Name: \_\_\_\_\_ Date: \_\_\_\_\_