UNIVERSITY OF WASHINGTON

EMPLOYEE COMPLAINT OF DISCRIMINATION

FACILITIES SERVICES

Complaining Party: Please complete this section

Your Name:	Shop#:
Job Title:	Your Work Phone:

Name of person(s) against whom this complaint is being made:

Please describe the event or incident giving rise to your complaint. Please include dates, times, and other relevant details:

Please give names of any potential witnesses. Include phone numbers or other identifying information that would assist in contacting them.

Have you reported this to anyone else? If so, please give names and dates.

Please print your name	Signature	Date
_____	_____	_____

This section to be completed by FS Human Resources Office.

Was this complaint investigated?	Yes	☐	By whom?	
	No	☐	If no, why not?	
Date resolved:				
Outcome (action taken):				
Date of feedback to complainant:	Oral	☐	Written	☐
	By whom?			

FS OR (2/03)

☐ **Original: Facilities Services Human Resources Administrator**

☐ **Copy: Complaining Party**