



UNIVERSITY OF WASHINGTON
EMPLOYEE COMPLAINT (GENERAL)
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 |
|------------------------|-----------|-------|
| _____ | _____ | _____ |

To be completed by manager/supervisor or other party conducting follow-up:

Indicate who the complaint was discussed with, including dates, times, relevant details and actions to be taken.

| Name of person conducting follow up | Signature of person conducting follow up | Date |
|-------------------------------------|--|-------|
| _____ | _____ | _____ |

Original: Supervisor/manager (or other person conducting follow up)

FS OR (2/03)

Copies: Complaining Party

Facilities Services Human Resources Administrator

*NOTE: for reports of safety incidents/accidents, use UoW 1428 "Incident/Accident/Quality Improvement Form";
 for reports of discrimination, use Facilities Services "Employee Complaint of Discrimination" form*