

**FLORIDA STATE UNIVERSITY  
USPS AND A&P  
COMPLAINT PROCEDURE**

**PART A - EMPLOYEE'S STATEMENT**

Employee's Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor's Name \_\_\_\_\_

I have discussed my complaint with my supervisor and the answer was not satisfactory to me. My complaint is as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specifically, I request that the following action be taken as a remedy to my complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, use additional sheets and attach to this page.)

Signed: \_\_\_\_\_  
(Employee)

Received by immediate supervisor: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

(Submit a copy to Employee & Labor Relations, Human Resources)

**COMPLAINT PROCEDURE**

**PART B - IMMEDIATE SUPERVISOR'S REPLY**

My reply to the complaint stated in Part A is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, use additional sheets and attach to this page.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Immediate Supervisor)



**PART C - SECOND LEVEL SUPERVISOR'S COMMENT**

My comment about this complaint is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, use additional sheets and attach to this page.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Second Level Supervisor)

Response provided to employee filing complaint \_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)

(Submit a copy to Employee & Labor Relations, Human Resources)

**COMPLAINT PROCEDURE**

**PART D**

(To be completed by Employee)

TO: Associate Vice President for Human Resources

FROM: \_\_\_\_\_  
(Employee's Name)

I have complied with Steps 1 and 2 of the Complaint Procedure and my complaint has not been resolved to my satisfaction. I wish to have my complaint reviewed by a Complaint Review Officer.

**NOTE:** The Complaint Review Officer may require additional information concerning your complaint. You may be contacted either by phone or asked to meet with the review officer. Should the review officer make such a request, indicate whether you wish personally to provide the information, or list the name, title and phone number of your representative:

\_\_\_\_\_  
(Name) (Title) (Phone)

The Complaint Procedure provides for witnesses, and the review officer, at his/her discretion, to secure additional information as appropriate. If you know of individuals who have direct first-hand knowledge of your complaint and wish the review officer to know of this information, provide the name, title and phone number of each of these individuals. State in detail what information you feel these individuals may provide. Cumulative and repetitive information is not needed. (Attach additional sheets as necessary.)

<u>Name</u>	<u>Title</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Complaint Procedure has been properly followed to date. I am aware that the Employee & Labor Relations section within the Office of Human Resources will offer assistance and provide information as requested.

Signed: \_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)

cc: Department Management

**COMPLAINT PROCEDURE**

**PART E**

(To be completed by Department Management)

TO: Associate Vice President for Human Resources

FROM: \_\_\_\_\_  
(Department Management)

SUBJECT: Complaint of \_\_\_\_\_

The above referenced employee has processed a complaint through Steps 1 and 2 of the Complaint Procedure and has requested a review by a Complaint Review Officer.

**NOTE:** The Complaint Review Officer may require additional information concerning this complaint. Please indicate the name, title, and telephone number of the department representative who will be available to furnish such information if required. The information may be requested by phone or the department representative may be asked to appear before the review officer.

\_\_\_\_\_  
(Name) (Title) (Phone)

The Complaint Procedure provides for witnesses, and the review officer, at his/her discretion, to secure additional information as appropriate. If you know of individuals who have direct first-hand information, provide the name, title and phone number of each of these individuals. State in detail what information you feel these individuals may provide. Cumulative and repetitive information is not needed. (Attach additional sheets as necessary.)

<u>Name</u>	<u>Title</u>	<u>Phone</u>
_____		
_____		
_____		

The Complaint Procedure has been properly followed to date. I am aware that the Employee & Labor Relations section within the Office of Human Resources will offer assistance and provide information as requested.

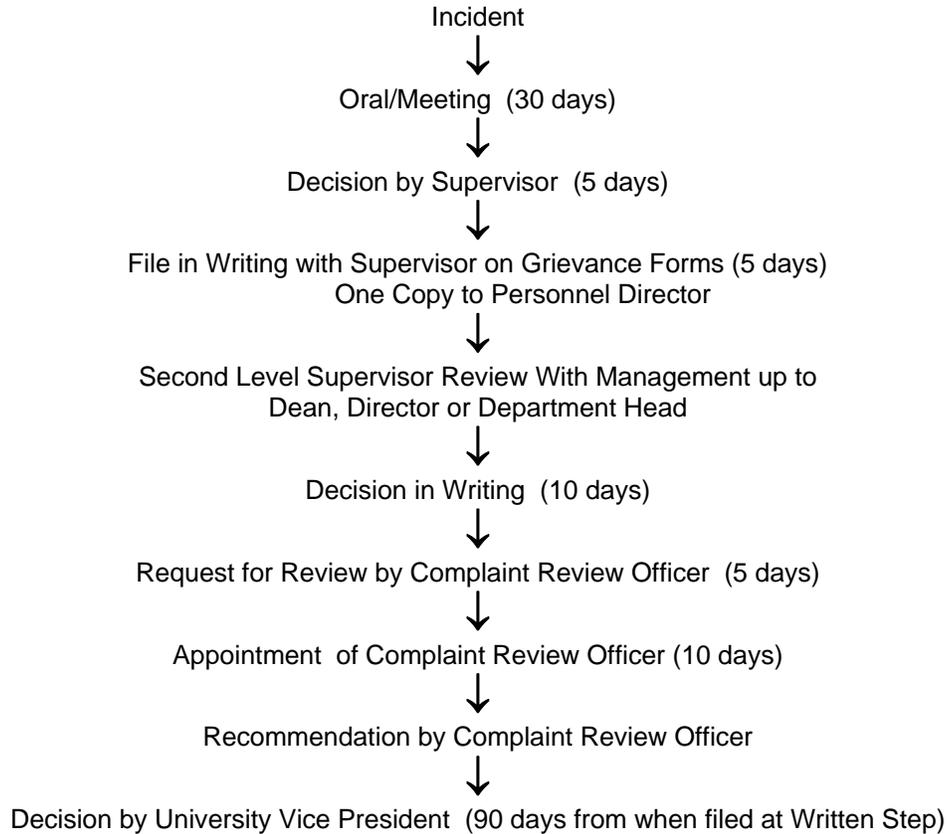
Signed: \_\_\_\_\_  
(Department Management)

\_\_\_\_\_  
(Date)

cc: Employee

# COMPLAINT PROCEDURE

## Flowchart



All references to days are calendar days.

90 calendar days from date filed in writing  
to final decision by University Vice President