
 **Complaint & Appeal Form for Non-Faculty Employee**

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact <https://openrecords.tamu.edu/> or phone 979.862.4571.

INSTRUCTIONS Please complete the following steps before submission. **1.** Provide your information.
**2.** Complete the *Identification of Witness Section***.
3.** Save, print, and sign your name. **4.** **Submit your completed packet form through** [**https://filex.tamu.edu**](https://filex.tamu.edu)**.** The email to use while submitting your form is (Employee-Relations@tamu.edu). *Do NOT send via regular email.*

**Note**: If you do not have access to [**https://filex.tamu.edu**](https://filex.tamu.edu)anymore because you have been terminated, please fax the form to 979.862.3610 or call 979.862.4027 for assistance.

The information you provide will be used by Texas A&M University, Employee Relations Department (ER) following the procedures and timeframes referenced in *System Regulation 32.01.02, Complaint and Appeal Process for Non-faculty Employees,* and *System Regulation 08.01.01, Civil Rights Compliance*. ER staff is available to provide guidance and assistance during any step of the process.

|  |  |
| --- | --- |
| Date |  Click or tap here to enter text. |
| Name (Complainant) |  Click or tap here to enter text. |
| UIN |  Click or tap here to enter text. |
| Title |  Click or tap here to enter text. |
| Department |  Click or tap here to enter text. |
| Phone number |  Click or tap here to enter text. |
| Email address |  Click or tap here to enter text. |
| Date of hire |  Click or tap here to enter text. |
| Date of action or incident that led to this complaint |  Click or tap here to enter text. |

 Boxes will expand when you add your text:

|  |
| --- |
| 1. What is the subject/nature of your complaint (Example: wages, termination, etc.)

 Click or tap here to enter text. |
| 1. On what date(s) did you discuss this complaint with the appropriate member of management or initiate resolution?

 Click or tap here to enter text. |
| 1. Who is your complaint against (Respondent(s)?

 Click or tap here to enter text. |

INSTRUCTIONS |
Provide firsthand information describing your Complaint & Appeal. Also provide or list any evidence that would support your position and assist Employee Relations (ER) with their investigation.

 Box will expand when you add your text:

|  |
| --- |
|  Click or tap here to enter text. |

*Please attach any relevant documentation.*

By my signature, I certify that the facts submitted by me are true and accurate to the best of my knowledge.

(Complainant’s Signature) (Date)

# Identification of Witnesses Section

**INSTRUCTIONS**Please provide the names of witnesses with firsthand knowledge of information directly related to your Complaint & Appeal.

Sections 4 and 2.6 of *Texas A&M University Rule 32.01.02.M1 and Regulation 08.01.01 respectively state, “All employees and students are to cooperate fully with those performing an investigation pursuant to this rule. Any retaliatory action taken against an employee for filing a complaint or participating in the procedures described in this rule is strictly prohibited.”*

 Boxes will expand when you add your text:

|  |  |
| --- | --- |
|  Click or tap here to enter text.Name of Witness | Contact Phone Number Click or tap here to enter text. |
| Email Address Click or tap here to enter text. |
| Issues for which the witness will have firsthand knowledge:Click or tap here to enter text. |

|  |  |
| --- | --- |
|  Click or tap here to enter text.Name of Witness | Contact Phone Number Click or tap here to enter text. |
| Email Address Click or tap here to enter text. |
| Issues for which the witness will have firsthand knowledge:Click or tap here to enter text. |

|  |  |
| --- | --- |
|  Click or tap here to enter text.Name of Witness | Contact Phone Number Click or tap here to enter text. |
| Email Address Click or tap here to enter text. |
| Issues for which the witness will have firsthand knowledge:Click or tap here to enter text. |

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| **INSTRUCTIONS TO SUBMIT**You MUST submit forms via <https://filex.tamu.edu>for security and legal reasons. In the FileX system send to: Employee-Relations@tamu.edu *Do NOT send via regular email.* | **NEED HELP?** Employee Relations DepartmentPhone 979.862.4027Fax 979.862.3610Employee-Relations@tamu.edu |

Office Use only:

Date Received: Time Received: Received by: