



## OFFICE OF HUMAN RESOURCES

ONE UNIVERSITY WAY, SAN ANTONIO, TEXAS 78224  
PHONE: (210) 784-2063 • FAX (210) 784-2056

### Complaint and Appeal Form for Non-faculty Employees

**INSTRUCTIONS:** Complete form, sign, and submit to the Office of Human Resources. The Office of Human Resources will facilitate the complaint procedures and timelines stipulated in System Regulation [32.01.02](#), Complaint and Appeal Process for Non-faculty Employees. Employee complaints alleging illegal discrimination, sexual harassment and/or related retaliation will be reviewed in accordance with System Regulation [08.01.01](#) and A&M San Antonio Rule [08.01.01.01](#), Civil Rights Compliance.

Date	
Name (Complainant)	
UIN	
Title	
Department	
Phone	
Email address	
Date of hire	
Date of action or incident that led to this complaint	

**Please select:**

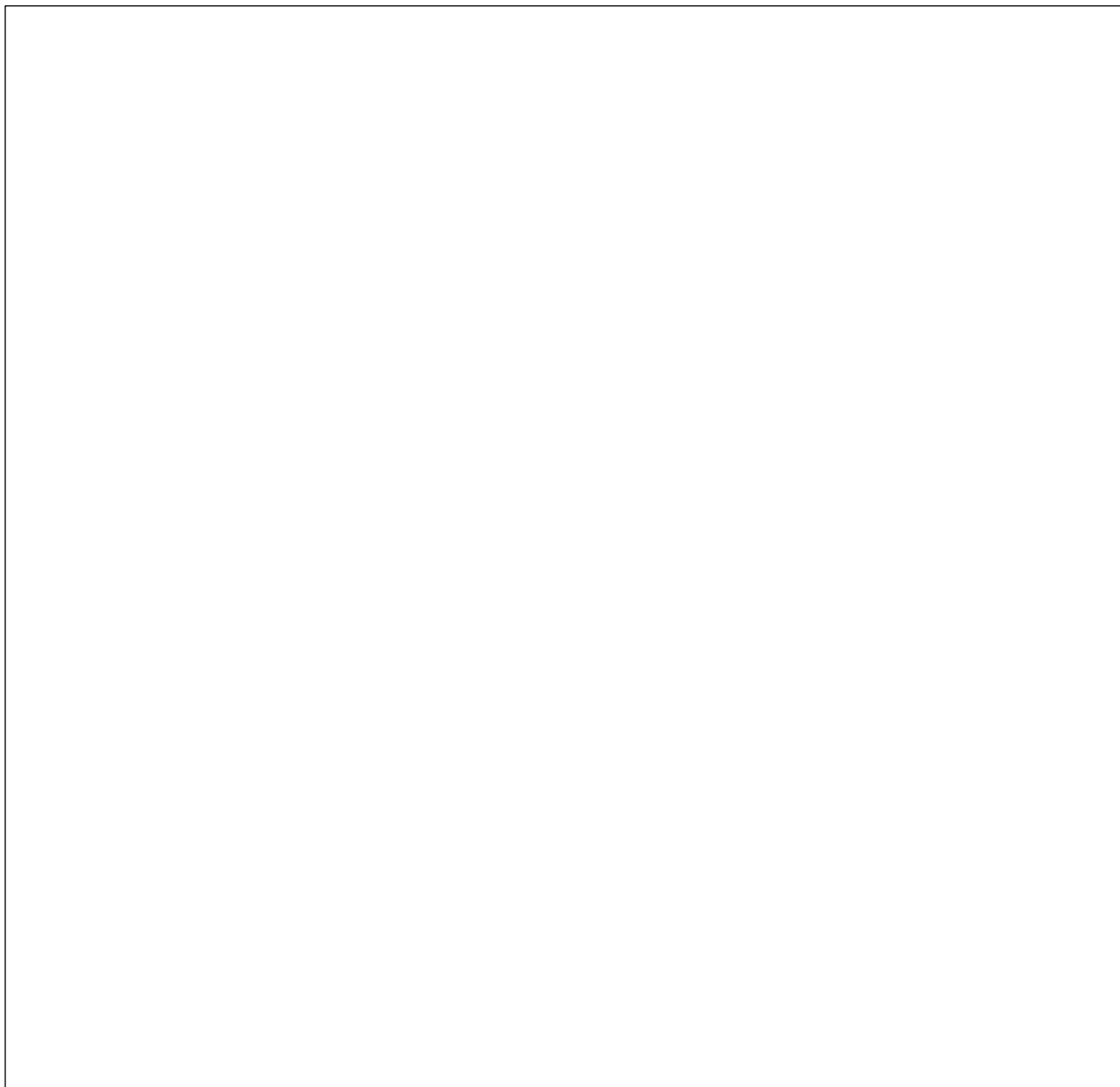
**Informal complaint** \_\_\_\_\_

**Formal complaint** \_\_\_\_\_

What is the subject/nature of your complaint? (Example: wages, termination)	
On what date(s) did you discuss this complaint with the appropriate member of management or initiate resolution?	
Who is your complaint against?	

**Please provide firsthand information describing your complaint or appeal. Also provide any evidence or list any information that would support your position and assist with the investigation.**

**Please attach any relevant documentation.**



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

\_\_\_\_\_

**Complainant's Signature**

\_\_\_\_\_

**Date**

## Identification of Witness Section

Please provide the names of witnesses with firsthand knowledge of information directly related to your complaint or appeal.

*Section 2.5 of System Regulation 32.01.01 states any retaliatory action taken against an employee for filing a complaint or participating in the procedures established by the regulation is prohibited.*

Name of witness	
Phone	
Email	
Issues for which the witness will have firsthand knowledge.	

Name of witness	
Phone	
Email	
Issues for which the witness will have firsthand knowledge.	

Name of witness	
Phone	
Email	
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Phone	
Email	
Issues for which the witness will have firsthand knowledge.	

**Instructions to submit:**

Send completed form to [employee.relations@tamusa.edu](mailto:employee.relations@tamusa.edu) or fax to (210)784-2056.

You may also hand deliver to Human Resources, One University Way, Modular 107.

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**Office Use Only:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_