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# Grievance/Complaint Form

**Grievance/Complainant:**

**Employee Name:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Date of Incident:**

*(If more than one event, please report each event on a separate form.)*

**Where did the specific event occur?**

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**Please explain the events that occurred.**

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**How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?**

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**Describe the harm you have suffered as a result of the event.**

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**Were there any witnesses to this specific event? (If yes, please provide their names.)**

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**Is there any physical evidence that supports your complaint? If so, please describe or attach copy of evidence.**

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**What is your desired outcome of the investigation?**

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The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence Reeves County deems relevant.

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Complainant Name Printed

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Date

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Complainant Name Signature

***(RETURN A COPY TO YOUR SUPERVISOR/SENIOR MANAGER and HUMAN RESOURCES)***