NORTHERN OKLAHOMA COLLEGE

EMPLOYEE COMPLAINT/GRIEVANCE FORM

Name _____

Address _____

Phone _____ Cell Phone _____

Incident Date _____ Staff Member(s), Faculty or Student(s) Involved:

_____

Brief Description of Complaint/Grievance _____

_____

_____

_____

_____

Employee Requests Remedy/Relief as Follows: _____

_____

_____

_____

_____

I hereby attest that the above information is true to the best of my knowledge.

_____	_____	_____
Employee's Name	Employee's Signature	Date

_____	_____	_____
Human Resource Director	Signature	Date

Revised July 2014