



CITY OF WAYCROSS, GEORGIA
EMPLOYEE COMPLAINT FORM

COMPLAINANT'S INFORMATION

This form is to be completed by the person making the complaint.

Complainant's Name:

Contact Number:

Street Address: (Correspondence)

City:

State:

Zip:

Department:

Title:

Supervisor:

Contact Number:

If Represented – Name:

Contact Number:

SCOPE OF COMPLAINT

A complaint is defined as:

1. A claim by an individual employee regarding a specific management act which is alleged to have adversely affected the employee's existing terms or conditions of employment; or
2. A claim by an individual employee (adversely affected by a management action) alleging that a provision of Personnel Policies has been violated.

Describe your complaint in detail, including the following five points. Attach additional sheets if needed.

1. Management act to be reviewed.
2. Date or dates of each act
3. City Policy or procedure violated (if any).
4. How did the management act violate policy or procedure?
5. How were you adversely affected?
6. Resolution requested.

Complainant Signature:

Date:

Representative Signature:

Date: