

***Employee Internal Complaint***

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| Employee Name: |  | Title: | | | |  |
| Department/College: |  | Supervisor Name: | | | |  |
| Phone Number: |  | Email Address: | | | |  |
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| Describe in detail the nature of your complaint. Include name(s) of individual(s) involved, witnesses of the incident and documentation you might have. Attach additional sheets as needed | | | | | | |
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| Provide detail information as to how the incident has affected your ability to work effectively. | | | | | | |
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| Describe any positive solutions, which could effectively resolve your complaint? | | | | | | |
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| Have you made a report or communicated your concerns to any WVSU administrator concerning the incident? Please provide name, title and date. | | | | | | |
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| Provide additional comments that would assist WVSU in dealing with your complaint. Attach additional sheets as needed | | | | | | |
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| I declare that the facts set forth in this complaint form are true and accurate. | | | | | | |
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| Employee Signature | | |  | Date: | | |