

HFCC-SSA Complaint Investigation Form

Employee Name: _____ Date: _____
Classification: _____ Number: _____
Article/Section of Contract Violated: _____
Incident: _____

Occurrence Date: _____ Time: _____
Responsible Management Individual(s): Name: _____
Title: _____
Name: _____
Title: _____

Corrective Action Requested By Employee: _____

THIS SECTION TO BE COMPLETED FOLLOWING INFORMAL DISCUSSION WITH SUPERVISOR / INVOLVED PARTIES

Result Of Informal Meeting:

Union Position: _____

Administration Position: _____

Employee Signature: _____
Supervisor Signature: _____
Union Signature: _____
Date: _____

THIS SECTION TO BE COMPLETED FOLLOWING FORMAL DISCUSSION WITH SUPERVISOR / HUMAN RESOURCES

Result Of Formal Meeting:

Union Position: _____

Administration Position: _____

Date: _____

THIS SECTION TO BE COMPLETED FOLLOWING FORMAL DISCUSSION WITH PRESIDENT

Result Of Formal Meeting With President:

Union Position: _____

Administration Position: _____

Date: _____