

# 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:

Employee Signature: \_\_\_\_\_

Union Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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**Result Of Informal Meeting:**

Union Position:

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Administration Position:

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Union Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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**Result Of Formal Meeting:**

Union Position:

Administration Position

Employee Signature: \_\_\_\_\_

Human Resource Representative Signature: \_\_\_\_\_

Union Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED FOLLOWING FORMAL DISCUSSION WITH PRESIDENT**

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**Result Of Formal Meeting With President:**

Union Position

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Administration Position:

Employee Signature: \_\_\_\_\_

President Signature: \_\_\_\_\_

Union Signature: \_\_\_\_\_

Date: \_\_\_\_\_