

An employee filing a complaint under the provisions of PPSM 70 or APM 140 must complete Parts I and II of this form and file it with the campus Labor Relations office within 30 calendar days of the incident. Complaint Resolution policies PPSM 70 and APM 140 can be located at: <http://atyourservice.ucop.edu/>

PART I – EMPLOYEE INFORMATION		
EMPLOYEE NAME		WORK TELEPHONE NUMBER
EMPLOYEE PAYROLL TITLE		DEPARTMENT
HOME ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME AND TELEPHONE NUMBER	
IF REPRESENTED IN THIS COMPLAINT, PROVIDE THE FOLLOWING:		
REPRESENTATIVE'S NAME	REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S TELEPHONE NUMBER
REPRESENTATIVE'S ADDRESS, CITY, STATE, ZIP		
TYPE OF COMPLAINT: <input type="checkbox"/> STAFF <input type="checkbox"/> ACADEMIC	SPECIFIC POLICY SECTION(S) ALLEGED TO BE VIOLATED:	
DATE OF ACTION CAUSING COMPLAINT: ____ / ____ / ____	DATE OF INFORMAL DISCUSSION WITH SUPERVISOR: ____ / ____ / ____	DATE OF INFORMAL RESPONSE: ____ / ____ / ____
PART II		
Please summarize the specific action(s) alleged to be in violation of University Policy and describe how the action(s) adversely affected your terms or conditions of employment. Attach additional sheets if necessary.		
REMEDY REQUESTED		
EMPLOYEE AND/OR REPRESENTATIVE'S SIGNATURE		DATE