**FRM-PS5440.15A**

**Professional Staff Employment Complaint Form**

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

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee W#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_ Mail Stop: \_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PSO Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Note****: The complaint process and submitting this form requires adherence to very specific timelines. You are strongly encouraged to obtain a copy of the procedures for* ***Filing and Processing Professional Staff Employment Complaints (PRO–PS5440.15A)*** *available online at www.wwu.edu/depts/policies. For questions, please call Human Resources at 650-3774.*

**STEP 1: DESCRIBE YOUR COMPLAINT:** Please describe your complaint in detail, including the following five points. Please attach additional pages as needed.

1. Act(s) or omission(s) giving rise to the complaint that is requested to be reviewed.
2. Date(s), location(s), and witnesses (if any) of occurrence of each act or omission.
3. Specific University or PSO Handbook policy or procedure violated (if any).
4. How did the act(s) or omission(s) violate policy or procedure?
5. How were you adversely affected?

**RESOLUTION REQUESTED: Please include the following elements:**

1. What action(s) do you request to be taken to resolve the complaint?
2. Who should initiate the action requested?
3. When should the action be completed?
4. What follow-up steps should be taken, and by whom, to measure that the act or omission leading to the complaint has been adequately resolved?

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 2. Submit this form to the Human Resources Department as outlined in the procedure, *Filing and Processing Professional Staff Employment Complaints (*PRO–PS5440.15A).**

Following a written response to your complaint, please complete the following (if applicable):

* I reject the complaint decision by my supervisor/supervisor’s superior and request my right to have my complaint reviewed by the Human Resources Department in accordance with the procedure, *Filing and Processing Professional Staff Employment Complaints* (PRO–PS5440.15A).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 3**: **If you reject the decision resulting from implementing STEP 2, as outlined in the procedure *Filing and Processing Professional Staff Employment Complaints* (PRO–PS5440.15A), you have the right of appeal.**

Following a second written response to your complaint, please complete the following (if applicable):

* I reject the complaint decision by the Vice President of my division and request my right of appeal to the Professional Staff Organization Complaint Appeals Committee (CAC), in accordance with the procedure, *Filing and Processing Professional Staff Employment Complaints* (PRO–PS5440.15A).
* I understand that the recommendations made by the CAC to the Vice President or authorized designee are not binding and that the decision by the Vice President or authorized designee is final.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return signed and dated copy to the Human Resources Department, HU 203 (MS 9054).**