Texas A&M International University
Compliance Office

COMPLAINT FORM

NOTE: This form is not for complaints alleging illegal discrimination, sexual harassment, and/or related retaliation. Such reports/complaints must be filed in accordance with System Regulation 08.01.01, Civil Rights Compliance.

INSTRUCTIONS: Complete form, sign, and submit to the Compliance Office. The Compliance Office will facilitate the complaint procedures and timelines stipulated in System Regulation 32.01.02, Complaint and Appeal Process for Nonfaculty Employees and TAMIU Rule 32.01.02.L1, Complaint and Appeal Process for Non-Faculty Employees.

FROM:
Complainant Name: ____________________________________________________________
Complainant Title: ____________________________________________________________
Complainant Department: _______________________________________________________
Date: _______________________________________________________________________

STATEMENT OF COMPLAINT: State the details of your complaint, including dates of occurrence of any acts that are the subject of your complaint, names of any witnesses, and how you wish the complaint to be resolved. Use the reverse side of this paper or attach additional pages if more space is necessary.

I certify that the information provided in this Complaint Form is accurate and complete to the best of my knowledge.

Complainant Signature: ___________________________________ Date: _______________

FOR COMPLIANCE OFFICE USE ONLY:
Date Received by Compliance Office: ____________________________________________
Date Delivered to Appropriate VP: ______________________________________________
Name of Appropriate VP/Senior Administrator to Review Complaint: _________________

COMPLIANCE OFFICE: Created by HR 4/12/11; Revised 8/4/15