Today's date:		· .
CONTACT INFORMATION		
Your name:		
Your department: (If UW Oshkosh employee)		
Email address:		
Phone number:		
	COMP	PLAINT DETAILS
University Staff member (person about whom the comp	1	
Date of Incident:		
Location of Incident:		
Description of Incident: (Provide as much detail as poattached.)	ssible. Include witnes	ss information and other supporting documentation. Items may be
	,	
FOR HR USE ONLY		
Received Date:		Received By:
		Empl ID(s):
Department/Program:		College/Division:

## **University Staff Complaint Procedure Flowchart**

