DANVILLE AREA COMMUNITY COLLEGE
FORMAL COMPLAINT FORM – NON-REPRESENTED EMPLOYEES

Name of Complainant:_____
Date of Event giving rise for complaint:_____

STEP 1 (Discussion with immediate Supervisor)
Date complaint discussed with Supervisor:_____
Supervisor:_____
Date of Supervisor's response:_____

Supervisor's Response:

STEP 2 (Complaint in writing to next appropriate Supervisor or Administrator)
Date written complaint submitted to Supervisor:_____
Describe the complaint:

Identify Written Rule or Regulation misinterpreted:

Describe the Remedy that would resolve the complaint:

Signed by Employee:_____Date_____

Date of Supervisor/Administrator's response:_____
Supervisor/Administrator's Response:*

Signed by Supervisor_____Date_____

STEP 3 (Appeal to President)
Date of Appeal to President:_____*
Date reviewed by President:_____

Decision by President:

Signed by President:_____Date:_____

STEP 4 (Appeal to Board of Trustees)
Date Written Appeal to Board of Trustees submitted to President:_____*
Decision by Board:

*Copy to Human Resources