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

Name of Complainant:		
Date of Event giving rise for complaint:		
CUTED 1 (D:		
STEP 1 (Discussion with immediate Supervisor) Date complaint discussed with Supervisor:		
Supervisor:		
Supervisor: Date of Supervisor's response:		
Supervisor's Response:		
STEP 2 (Complaint in writing to next appropriate Superior	ervisor or Administrato	<u>r)</u>
Date written complaint submitted to Supervisor:		
Describe the complaint:		
Identify Written Rule or Regulation misinterpreted:		
Describe the Remedy that would resolve the complaint:		
	ъ.	
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:		
Decision by Tresident.		
Signed by President	Date:	
Signed by President:	Date:	
STEP 4 (Appeal to Board of Trustees)		
Date Written Appeal to Board of Trustees submitted to Pre	esident:	*
Decision by Board:		