

**Texas A&M University-Texarkana**  
**COMPLAINT and APPEAL FORM**



An employee’s complaint alleging discrimination, sexual harassment, and/or related retaliation must be filed in accordance with System Regulation 08.01.01.

**Section A: Employee Information**

<i>Name of the employee:</i>	<i>Operating Unit/Division/Depart:</i>	<i>Date:</i>
<i>Signature:</i>	<i>Position/Title:</i>	

**Section B: Statement of complaint**

State the details of your complaint, including the dates on which acts pertaining to your complaint occurred and the names of any witnesses. Please also state how you wish this complaint to be resolved. Attach additional pages if more space is needed.

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**Received by:**

Deliver the form to the Director, Human Resources.

Through: \_\_\_\_\_  
*Director, Human Resources (please print)*          \_\_\_\_\_ *Signature*          \_\_\_\_\_ *Date received*

Through: \_\_\_\_\_  
*Department Head (please print)*          \_\_\_\_\_ *Signature*          \_\_\_\_\_ *Date received*

To: \_\_\_\_\_  
*Senior Administrator (please print)*          \_\_\_\_\_ *Signature*          \_\_\_\_\_ *Date received*

*Refer to System Regulation 32.01.02, Complaint and Appeal Procedure for Non-faculty Employees.*