

**MIAMI COUNTY  
PERSONNEL POLICY MANUAL**

**COMPLAINT FORM**

**FORM 10  
PAGE 1 OF 2**

***\*\*\*IF YOUR COMPLAINT CONCERNS WORKPLACE DISCRIMINATION, HARASSMENT,  
VIOLENCE OR BULLYING, USE THE EEO/ANTI-DISCRIMINATION COMPLAINT FORM.***

Name of Employee: \_\_\_\_\_

Classification: \_\_\_\_\_

Date of Incident Giving Rise to Complaint: \_\_\_\_\_

Did you attempt informal resolution of the matter with your Immediate Supervisor? If so, provide the date informal resolution was attempted: \_\_\_\_\_

**STEP 1 – IMMEDIATE SUPERVISOR**

Date Complaint Reduced to Writing and Presented: \_\_\_\_\_

Nature of Complaint: What Is the Issue, Complaint or Allegation? (Supply additional pages if more room needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

If complaint is a group complaint, all employees in the group shall sign on the back of form. The employee whose name appears in the above space shall process the complaint.

Complaint must be filed with the employee's supervisor within five (5) working days from the date of the event giving rise to the complaint.

(Response must be completed within five (5) working days of receipt of complaint)

Supervisor: \_\_\_\_\_ Date Received: \_\_\_\_\_

Supervisor Answer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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STEP 2 – DEPARTMENT HEAD

Delivered by employee within five (5) working days of receipt of the Step 1 answer.

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

Date of meeting with Employee (within 15 working days of receipt): \_\_\_\_\_

Department Head’s Answer (Generally within five (5) working days of meeting with employee):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Department Head’s Signature

\_\_\_\_\_  
Date