

**PERSONNEL POLICIES FOR STAFF MEMBERS**  
**COMPLAINT FORM**

An employee filing a formal complaint is to complete Parts I and II of this form and file with the Labor Relations Division of the UCLA Health Human Resources Department (10920 Wilshire Boulevard, Suite 400) within 30 calendar days of the incident. All information requested below must be completed.

PART I - EMPLOYEE INFORMATION						
Name (Last)	(First)	(M.I.)	Hire Date:	Month	Day	Year
Payroll Title						
Department						
Home Address						
_____						
Street						
_____						
City				Zip Code		
Home Phone			Work Phone			
Supervisor's Name			Supervisor's Office Phone			

If represented please complete the following:

Representative's Name	Attorney [ ] Yes	[ ] No
Representative's Address		
_____		
Street		
_____		
City		Zip Code
Representative's Organization	Representative's Phone	

**PART II - EMPLOYEE'S STATEMENT OF COMPLAINT (Attach additional sheets as necessary)**

- A) 1. Briefly describe the specific actions requested for review, including the date, place, and participants.
2. Describe any provisions of PPSM Policy Sections or Procedures alleged to be improperly applied.
3. Describe the manner in which they were improperly applied.
- B) Identify (including the number, if appropriate) PPSM Policies and Procedures, departmental regulations or working conditions alleged to have been violated or improperly applied.
- C) Briefly describe how you were adversely affected by the actions listed under Section A.
- D) Specify remedy requested. (Remedy which seeks to exceed the pay, benefits, or rights lost as a result of the action, and/or retribution towards others are not available under PPSM.)

**PLEASE NOTE:** Sufficient documentation must be attached (counseling memorandum, notice of dismissal or layoff, performance evaluation, warning letter, etc.) to permit determination of timeliness and appropriateness of the remedy.

Employee's Signature (Substitute signature not acceptable)	Date:	Month	Day	Year

PRIVACY NOTICE

The California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information:

1. The principal purpose for requesting the information on this form and subsequent forms is to facilitate the resolution of employee complaints in a prompt and equitable manner.
2. This information is solicited in accordance with University policy adopted pursuant to Article IX, Section 9 of the California Constitution.
3. Furnishing each item of information requested on this form and any attachments is mandatory. Failure to provide the requested information will delay and may prevent processing of your complaint.
4. Information furnished on the attached form may be used by various University departments as required in the regular course of business, and may be transmitted to State and Federal government agencies if required by law.
5. You have the right to review personal information obtained about you in accordance with PPSM Policy 80. Information on this policy can be obtained from the Campus Human Resources Office. You may contact the office of record maintaining such information or the Campus Counsel, 2241A Murphy Hall, for more information concerning your rights.
6. The UCLA Health Human Resources Department maintains the information on this form.