Employee Relations & Equal Employment Opportunity Complaint Form

Submit completed form to EmployeeRelations@depaul.edu

Name

Employee ID

Department

Phone

1.) Describe the situation about which you are expressing concern (provide factual details):
2.) List and describe the steps if any you have taken to resolve the situation described above. Please specify who you communicated with and when (include specific dates if possible) and the outcome or results.

3.) Please provide additional information you think is pertinent to your concern:
4.) Please describe the outcome you are seeking:

By signing below, I acknowledge that this statement accurately represents the nature of my complaint, and previous resolution efforts and desired outcome.

Signature: Date:

Complaint forms may be submitted in person to the Office of Human Resources-14 E. Jackson Blvd, Suite 1300, via email at EmployeeRelations@depaul.edu or faxed to (312) 476-3232