Texas Transportation Institute
FORMAL COMPLAINT FORM

Name of Complainant: ____________________________________________________

UIN of Complainant (if TAMUS Employee): ______________________

Contact Info:
Address: _______________________________________________________________
City: ___________ State: ___________ Zip: ___________
Telephone Number: ________________
Email Address: ________________

Nature of Complaint: ____________________________________________________
Example: (termination, demotion, appeal, discrimination, harassment etc.)
To whom is this complaint against: ____________________________________________

Statement of Complaint (State the details of your complaint, including the dates of occurrence of any acts which are the subject of your complaint. Attach copies of relevant memoranda, policies, regulations or rules, notes etc., as deemed appropriate):

Statement of Requested Resolution (state the resolution being sought for this complaint):
TTI Human Resources Form 5000
Revised: March, 2011

List names of witnesses or other evidence which would be helpful in investigating the complaint.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Complainant Signature: ______________________________ Date: ______________

By my signature I certify that the facts submitted by me pertaining to my formal complaint are true and accurate to the best of my knowledge.

Received by: ______________________________ Date: ______________