

Private Industry Council of Westmoreland/Fayette, Inc.

COMPLAINT FORM

(This form does not apply to complaints regarding discrimination and unlawful harassment.)
(Such complaints must be handled in accordance with the Equal Employment Opportunity and
Anti-Harassment Policy on page 2 of the Personnel Policy.)

Name: _____ Date: _____
Department: _____

Nature of Complaint: _____

Signed: _____
Complainant

FIRST STEP

Reply: _____

Date: _____ Signed: _____
Supervisor

Accepted Date: _____ Signed: _____
Complainant

Rejected Date: _____ Signed: _____
Complainant

SECOND STEP

Reply: _____

Date: _____ Signed: _____
Supervisor

Accepted Date: _____ Signed: _____
Complainant

Rejected Date: _____ Signed: _____
Complainant

THIRD STEP

Reply: _____

Date: _____ Signed: _____
Supervisor

Accepted Date: _____ Signed: _____
Complainant

Rejected Date: _____ Signed: _____
Complainant