

## SECTION 1: INSTRUCTIONS

To make a workplace complaint:

Campus Employees:

Current employees can contact your [Employee and Labor Relations Senior Representative](#) to make a workplace complaint

Medical Center Employees:

Employee and Labor Relations (ELR), Submit this form to ELR at 660 Ackerman Road, Columbus, OH 43202; via fax to (614) 293-6870; or via email to [EmployeeLaborRelatio@osumc.edu](mailto:EmployeeLaborRelatio@osumc.edu)

Filing a complaint with the university does not preclude a reporter from filing an allegation with an external agency nor does it extend time limits for such complaints.

## SECTION 2: COMPLAINANT

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Employee's Full Name: First M.I. Last

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Department Title

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Campus Mail Address

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Campus Phone Email Address

## SECTION 3: RESPONDENT

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Employee's Full Name: First M.I. Last

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Department Title

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Campus Mail Address

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Campus Phone Email Address

## SECTION 4: PERSON REFERRING THE COMPLAINT (if different from person in section 2 )

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Employee's Full Name: First M.I. Last

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Department Title

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Campus Mail Address

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Campus Phone Email Address

Using the space below and/or additional attachments, describe the events and/or behaviors that are the subject of the complaint. Include any offices or individuals you've talked with on campus, the names of witnesses, as well as dates, times and locations.

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