

STUDENT EMPLOYEE COMPLAINT FORM

The Student Employment Program at Rider University takes all student employee complaints—including those of discrimination, harassment, unethical conduct, or safety violations, as serious matters. So that we may properly investigate your concern, you are requested to fill out this form completely and return it as soon as possible. Please use additional sheets of paper where needed.

Employee Name: _____ Title: _____

Department: _____ Supervisor Name: _____

1. Please describe in as much detail as possible the nature of your complaint

2. Please attach or identify all known persons, documents and witnesses to your concerns.

3. Are there any other employees you know of with a similar complaint?

4. Please describe how the actions you complain about have affected your ability to perform your job.

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5. Please describe any solutions you believe can help resolve your complaint.

6. Please provide any additional comments you wish us to consider when investigating your complaint (please use additional paper if needed).

I declare that the facts set forth in this complaint form are true and accurate.

Employee signature: _____ Date: _____