

Office of Human Resources 1500 N. Verdugo Road Glendale, CA 91208 818-240-1000 ext 5921 Fax: 818-551-5169 www.glendale.edu

## **COMPLAINT FORM**

## **Section 1: Complainants Contact Information**

Name:		
Address:		
City, State & Zip:		
Phone # ( )		
Department:		
Supervisor:		
Section 2: Nature of Your C	omplaint	
		(Attach additional pages if needed)
<b>Section 3: Remedy Sought T</b>	o Your Complaint	
Signature	Date	