



INTERNAL RESOLUTION PROCESS

FIU BOARD OF TRUSTEES & PBA

STEP 1: INFORMAL REMEDY

EMPLOYEE COMPLAINT SHEET: DATE RECEIVED BY: _____

RECEIVED BY: _____

PRINT NAME/TITLE

SIGNATURE

EMPLOYEE INFORMATION

Employee Name: _____ Department: _____

Date Submitted: _____ Division: _____

E-Mail Address: _____ Phone/Extension: _____

I will be represented in this complaint by (check one. Note that your representative must sign and print his or her name on the appropriate line):

- PBA _____
- Myself _____
- Other _____

STATEMENT OF COMPLAINT

Complete the form and submit it to your immediate supervisor within seven (7) business days of the occurrence or the date that you knew or reasonably should have known the act or omission. Discussions will be informal for the purpose of settling differences. A written response will be provided to the employee within ten (10) business days from the date that the complaint was presented to the supervisor. In the complaint, you must cite the specific policy and sections allegedly violated and the specific acts or omissions giving rise to the allegations.

Exception to Step 1 Deadline: If the complaint is in reference to a violation of the provisions of the Conflict of Interest and Outside Activity Policy, the period for informal resolution of a dispute alleging a violation shall be 5 business days from the date that the complaint was filed.

Note: An extension may be requested due to extenuating circumstances. The University and the complainant must mutually agree in writing to the extension.

Indicate your complaint in the space provided below *(attach additional sheets, including supporting documentation, if needed)* :

Indicate remedy sought:

I have read and understand the Neutral, Internal Resolution Process Policy. I understand that the filing of a complaint constitutes a waiver of any of my rights to judicial or administrative review, pursuant to Chapter 120, Florida Statutes, or to the review of such actions under other University procedures available to address such matters. This form is in accordance with the Neutral, Internal Resolution of Policy Disputes of the FIU BOT/PBA Bargaining Agreement.

NOTE: The complaint will not be processed unless signed by the complainant(s).

Signature of Complainant(s) / Date

As the PBA representative, I have the authority to sign this complaint on behalf of the complainant.

Signature of PBA Representative on behalf of the Complainant Date

This notice should be sent to:
Florida International University
Division of Human Resources
Employee & Labor Relations
11200 SW 8th Street, PC 236
Miami, FL 33199

Note: In the event that any language contained in this form conflicts with the FIU-BOT/PBA and/or University policies, the FIU-BOT/PBA and/or University policy language controls.