Staff Senate of East Tennessee State University
Concerns Form

Name: ___________________________________________ Date: __________

Staff: Yes ☐ No ☐ EEOC: _______ Department: ______________________________

Job Title: ___________________________________________ Date Started: __________

Campus Address: _______________________________________________________________

Phone number where you can be reached: ___________________________________________

****** Personal information optional: If response desired contact information needed ******

Complaint/Concern Information

Date of Incident: ____________________________ Time of Incident: _______________

Location of Incident: _____________________________________________________________

Please describe:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are there others who have witnessed this behavior or others who have experienced a similar concern or problem? If so, please provide their names and phone numbers:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please advise if you have raised this complaint/concern with Human Resources, Office of Equity and Diversity, or any other office within the University?

Yes ☐ No ☐ If yes, who: ___________________________________________________________
Do you have any suggestion for proposed action to address or resolve the complaint/concern?
______________________________________________________________________________
______________________________________________________________________________
Do you have any additional information or comments?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please return the completed form to Staff Senate 226A Campus Center Building suggestions box or campus mail PO Box 23042.

Office use only:
Date Received: _________________________________________________________________

Received by: ______________________________

Action taken: __________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________