

Employee Complaint Form

Complainant's Name _____ Campus _____

Department _____ Job Title _____

Mailing Address _____

Email Address _____ Telephone _____

Supervisor's Name _____ Telephone _____

If electing to have a representative involved in these proceedings:

Representative's Name _____ Telephone _____

Representative's Firm/Organization _____

Mailing Address _____

Email Address _____ Telephone _____

Complaint:

Describe your complaint in detail below, addressing each of the three points listed. Attach additional sheets, if necessary. **In addition, attach any and all documentation that supports your position.**

1. Identify the decision(s) regarding bonus and/or incentive payment(s) to be reviewed, including the name of any bonus or incentive plans involved and the relevant performance period.
2. Specify any legal and/or contractual obligations that support a reversal or modification of the decision(s).
3. Specify the remedy you are requesting.

By signing below, the Complainant certifies that he/she has reviewed this Complaint (including any attachments) to confirm that it is accurate and complete.

Complainant's Signature _____ Dated _____

Representative's Signature _____ Dated _____

Filing Instructions: This form (and all attachments) should be submitted to the Vice President for Human Resources prior to the applicable deadline either by (a) U.S. mail or personal delivery to Human Resources – 5th Floor, Attn: Bonus/Incentive Complaint, 1111 Franklin Street, Oakland, CA 94607, (b) facsimile to (510) 587-6476 and prominently indicating “Attn: Bonus/Incentive Complaint,” or (c) email (as an attachment) to SLRG@ucop.edu with “Attn: Bonus/Incentive Complaint” in the subject line of the email.