



## FORMAL COMPLAINT

TO: _____ Texas AgriLife Research	_____
_____ Texas AgriLife Extension Service	(Date received by Director)
_____ Texas Veterinary Medical Diagnostic Laboratory	_____
	(Date received by Human Resources)

**STATEMENT OF COMPLAINT:** State the details of your complaint, including the dates of occurrence of any acts which are the subject of your complaint. Attach copies of relevant memoranda, policies, regulations or rules, notes, etc., as deemed appropriate.

Attach additional pages as necessary to fully explain complaint and/or requested resolution.

**STATEMENT OF REQUESTED RESOLUTION:**

_____	_____	_____
Date	Printed Name of Employee	Signature of Employee