



PTS EMPLOYEE COMPLAINT FORM
PART A - EMPLOYEE'S STATEMENT

Office of Human Resources • 225 East Las Olas Boulevard • Fort Lauderdale, FL 33301 • 954-201-744-201-7451

Employee's Name: _____

Department : _____

Immediate Supervisor's Name: _____

Immediate Supervisor's Title: _____

I have discussed my complaint with my supervisor and the answer was not satisfactory to me. My complaint is as follows:

Specifically, I request that the following action be taken as a remedy to my complaint:

(If more space is needed, please use additional sheets and staple to this form).

(Employee Signature)

(Date)

