

Office Use Only: Insert Date of Delivery and Note in File: \_\_\_\_\_

Insert Date of Receipt: \_\_\_\_\_

**Formal Complaint**  
**RESPONSE FORM (Employee Respondent)**

You are receiving this Form because a Formal Complaint has been filed against you. Enclosed with this Form is a copy of that Complaint. You have ten (10) working days from the time you receive the Complaint to fill it out and return it. This Form must be returned to the Director of Human Resource Services in the Office of Human Resource Services in Kretzmann Hall.

Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Supervisor : \_\_\_\_\_

Please respond below to the Formal Complaint filed against you. Include any additional evidence or witnesses relating to the alleged incident (use the back of this Form if more space needed):

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Signature

\_\_\_\_\_  
Date