



SARPY COUNTY COMPLAINT FORM

Instructions: Fill out the information requested below as completely as possible. Return completed form to Human Resources 1261 Golden Gate Drive, Suite 4E (East Annex), Papillion, NE 68046.

COMPLAINANT INFORMATION

Name:	Date:
Address:	
Home Phone:	Alternate Phone:
Department*:	

*if applicable

COMPLAINT INFORMATION

1. Indicate the ground(s) on which you are making this complaint (e.g. violation of policy, law, statute, collective bargaining agreement).

2. Complete the following:

Date and Approximate Time Incident Occurred:
Earliest Date Incident Occurred (if more than once):
Latest Date Incident Occurred (if more than once):

3. Identify the Location involved in your complaint, and any County Staff involved and/or aware.



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4. Describe the nature of your complaint, the incident(s), date(s), and place(s). Attach additional pages to this complaint form if necessary.

5. To whom have you gone for resolution of the complaint? What did you or others do to try and resolve the complaint? What was the outcome?



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6. Identify others who may have observed or witnessed the incident(s) that you described:

Name	Phone #	Department*	Job Title*

*if applicable

7. Identify others you believe may have experienced the same situation.

Name	Phone #	Department*	Job Title*

*if applicable

8. Do you have any documentation that supports your complaint? (If yes: please attach a copy). Yes No

9. Describe how you would like the complaint to be resolved. Be as specific as possible.

COMPLAINANT SIGNATURES

To the best of my knowledge, the information I have submitted is accurate.

Print Name: _____

Signature: _____ Date: _____