



### Complaint Form for Faculty Members, Students, Staff Members, and Third Parties Against a Faculty Member or Faculty Administrator

**Privacy Notice:** State law requires that you be informed that you are entitled to: (1) request information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact <https://openrecords.tamu.edu/> or phone 979.862.4571.

**INSTRUCTIONS** Please complete the following steps before submission:

1. Provide your information.
2. Complete the *Identification of Witness* section.
3. Save, print, and sign your name.
4. Submit your completed packet form and any relevant documentation to [fa-grievances@tamu.edu](mailto:fa-grievances@tamu.edu).

The information you provide will be used by Texas A&M University following the procedures and timeframes referenced in [SAP 12.99.99.M0.01](#) Faculty Affairs is available to provide guidance and assistance throughout each step of the process ([fa-grievances@tamu.edu](mailto:fa-grievances@tamu.edu)).

Today's date	
Name (Complainant)	
Status (Faculty, staff, student, other)	
UIN	
Title	
Department	
School/College	
Phone number	
Email address	
Date of hire	
Date of action or incident that led to this complaint	

1.	What is the subject/nature of your complaint?
2.	Did you discuss this complaint with the appropriate academic leadership to initiate resolution? If so, on what date(s)? Please include their name(s) and title(s).

3. Who is your complaint against (respondent(s))? Please include their name and title.

**INSTRUCTIONS**

Provide firsthand information describing your complaint. Also, provide or list any evidence that would support your position and assist Faculty Affairs with the assessment and process of your complaint.

Please attach any relevant documentation.

By my signature, I certify that the facts submitted by me are true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Complainant's Signature)

\_\_\_\_\_  
(Date)

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## Identification of Witnesses Section

### **INSTRUCTIONS**

Please provide the names of witnesses with firsthand knowledge of information directly related to your complaint.

Name and Title of Witness	Phone Number
	Email Address
Issues for which the witness will have firsthand knowledge:	

Name and Title of Witness	Phone Number
	Email Address
Issues for which the witness will have firsthand knowledge:	

Name and Title of Witness	Phone Number
	Email Address
Issues for which the witness will have firsthand knowledge:	

### **INSTRUCTIONS TO SUBMIT**

You **MUST** submit forms via  
[fa-grievances@tamu.edu](mailto:fa-grievances@tamu.edu)  
Please attach any relevant documentation with this form.

### **NEED HELP?**

Faculty Affairs  
979.845-4284  
[fa-grievances@tamu.edu](mailto:fa-grievances@tamu.edu)

### **Office Use Only:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_