



COMPLAINT FORM

(THIS FORM MUST BE COMPLETELY FILLED OUT)

Name of Grievant (Please Print): Employee / External: Job Title: ID (for Lucky Tex Employees):	Work Phone: Home Phone:
Home Mailing Address: Street or P.O. Box: City: State: Zip:	Work Mailing Address: Dept.: Div/Section: Street or P.O. Box: City: State: Zip:
Date, time and place of event leading to grievance:	Date you became aware of the event, <i>(if different)</i> :
Name of Lucky Tex person/designation/id to whom Grievant if already has submitted complaint:	
Detailed description of grievance including names of other persons involved, if any	
(Grievant suggestion/recommendation/solution for complaint):	
Grievant Signature with Date	
For Official Use	
Complaint Handler :	_____
Initiating Corrective/Preventive Action Form # with Date	_____
Approx. Complaint Resolution Date/Time (Communicated to Grievant)	_____