

Georgia Department of Corrections
Complaint Form

Employee Name _____ Employee ID# _____

Complete Home Address _____
Street Name, Apartment#, or P. O. Box#

City _____ State _____ Zip _____

Job Title _____ Home Phone _____

Facility/Office _____ Work Phone _____

Name and Job Title of person against whom complaint is being filed:

Date the problem occurred or when you first became aware of the problem:

Employee complaint (attach additional sheets as needed): _____

If Complaint involves interpretation or application of a State Personnel Board Rule [SPBR] or a Standard Operating Procedure [SOP], then specify the rule(s) or procedure(s): _____

How has your employment been unfavorably affected by this problem? _____

Relief Requested: _____

Employee Signature _____ Date _____

Mail original copy of this Complaint Form, with any attachments, to:

Agency Complaint Resolution Coordinator
Central HR/Gibson Hall/2nd Floor
P. O. Box 1529
Forsyth, Georgia 31029
(478) 992-5204