

## General Complaint Procedure Form (For non-personnel concerns)

Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date issue/concern was recognized: \_\_\_\_\_

Suggested  
Solutions/Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
(signature)      Date: \_\_\_\_\_

Follow-up by County Administrator:

- Referred to Human Resources.
- Referred to \_\_\_\_\_ for action/follow-up.
- Meeting(s) with parties conducted.

Action/follow-up taken:

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

\_\_\_\_\_  
County Administrator      (signature)      Date: \_\_\_\_\_