



# Carlton County Human Resources Internal Complaint Form

Adopted: August 12, 2014

### Instructions:

Submit this form to Human Resources in person at 1307 Cloquet Avenue, Cloquet, MN 55720 or via email to [Gary.Jackson@co.carlton.mn.us](mailto:Gary.Jackson@co.carlton.mn.us). A form can be requested by calling (218) 384-9140.

If a Department Head or Supervisor is notified of an allegation, he/she must refer the allegor or notify Carlton County Human Resources as soon as possible and no later than five days after becoming aware of the allegation. Filing an allegation of discrimination or harassment with the County does not preclude an allegor from filing an allegation with an external agency nor does it extend time limits for such complaints. If this concern is time sensitive and calls for immediate action, please inform Human Resources when submitting this form. Anonymous reports will be accepted, however actions may be significantly limited due to the anonymous nature. Every attempt will be made to respond within a two week time frame, unless a shorter time period is required by law.

**Disclaimer:** This form is in no way, shape or form intended to serve as a substitution or replacement for the formal grievance process.

### Complainant:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### If applicable, information about whom the complaint is against:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Person referring the complaint (if different from the person alleging complaint):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Information:

#### I am providing information on the following issue(s) of concern:

Pay/Benefits	Job Assignment	Promotion/Transfer	Harassment	Discipline
Working Conditions	Other _____			

#### Does this report involve any of the following (check all that apply):

Americans with Disabilities Act (ADA)	Occupational Safety and Health Act (OSHA)
Family Medical Leave Act (FMLA)	Equal Employment Opportunity Commission (EEOC)
Policy or Procedure Issue	Union Contract Issue
Fair Labor Standards Act (FLSA)	Public Employment Labor Relations Act (PELRA)

What is your preferred method of communication regarding this issue? \_\_\_\_\_

In addition to this report, I would like to present information in person to Human Resources. Yes No

I would like a written answer or decision regarding this issue. Yes No

All correspondence will go through your Union Business Agent. Yes No



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Please provide all relevant information that will be necessary for making a decision on this issue including date, time and names of those involved or who have witnessed the incident being reported.. Remember to be factual and respectful of those involved. Please include any documentation, emails or other proof of your complaint if it is available to you at the time you submit this form to the Human Resources Department.

Please provide a possible solution or course of action you would like to see happen as a result of this report.

Please name any individuals that you believe will be helpful in providing pertinent information on this issue.