

**UCSF CAMPUS AND MEDICAL CENTER
PERSONNEL POLICIES FOR STAFF MEMBERS (PPSM)-70
COMPLAINT RESOLUTION CLAIM FORM**

Current Professional Support Staff (PSS) and Manager and Senior Professionals (MSP) Salary Grades I-VII employees (with the exception of per diem appointees) are eligible to file a formal complaint pursuant to [Personnel Policies for Staff Members \(PPSM\)-70: Complaint Resolution](#). [UCSF Implementing Procedures—PPSM-70 Complaint Resolution](#) are local procedures which correspond to [PPSM-70](#) and should be read in conjunction with the policy. To the extent that there are any conflicts between these local implementing procedures and [PPSM-70](#), or if the procedures are silent on particular matters, language from [PPSM-70](#) will trump the established local procedures.

An employee requesting a formal review must complete this form. The form must be received in the Labor and Employee Relations department within 30 calendar days after the date on which the employee knew or could reasonably be expected to have known of the event or action which gave rise to the complaint. The completed Complaint Resolution Claim Form may be mailed/hand delivered to Labor and Employee Relations, 3360 Geary Boulevard, Suite 301, San Francisco, CA 94118-3324; emailed to ELR@ucsf.edu; or faxed to (415) 353-4029.

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):		EMPLOYEE ID #:
DEPARTMENT:	CLASSIFICATION TITLE:	HIRE DATE (MONTH/DAY/YEAR):
HOME ADDRESS, CITY, STATE, ZIP:		
EMAIL ADDRESS:	PERSONAL TELEPHONE NUMBER:	WORK TELEPHONE NUMBER:
SUPERVISOR'S NAME:		SUPERVISOR'S TELEPHONE NUMBER:
REPRESENTATIVE'S NAME (IF ANY):		REPRESENTATIVE'S TELEPHONE NUMBER:
REPRESENTATIVE'S ADDRESS, CITY, STATE, ZIP:		
A. DATE(S) OF ATTEMPT(S) AT INFORMAL RESOLUTION AND THE NAME(S) OF THE PERSON(S) CONTACTED:		
B. INDICATE SPECIFIC DETAILS OF THE EVENT(S) INCLUDING THE DATES WHEN THE ALLEGED VIOLATION(S) OCCURRED. IDENTIFY 1) SPECIFIC MANAGEMENT ACTION(S) TO BE REVIEWED, 2) THE DATE(S) ON WHICH THE ACTION(S) OCCURRED, 3) HOW THE TERMS OR CONDITIONS OF YOUR EMPLOYMENT WERE ADVERSELY AFFECTED, AND 4) IF YOU ARE ALLEGING VIOLATION(S) OF THE PPSM, LIST THE SPECIFIC PROVISION(S) OF THE PPSM WHICH WERE VIOLATED. (Use additional pages if necessary):		
C. STATE THE REMEDY REQUESTED:		
EMPLOYEE'S SIGNATURE:		DATE (MONTH/DAY/YEAR):