

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

HUMAN RESOURCES DEPARTMENT
700 President Ronald Reagan Way, #201
Nashville, TN 37210

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

EMPLOYEE COMPLAINT FORM

Name _____ Department _____ Work Phone _____

Email _____

Reason for Complaint: ___Appeal of Disciplinary Process/Grievance** ___ Application/Hiring Process**

___ Promotional Process** ___ EEO ___ Leave Issues ___ Workplace Conduct Policy (Abusive Behavior)

___ Other (Describe) _____

Briefly State Your Complaint _____

_____

_____

_____

_____

Name of the specific person this complaint is against: _____ Position _____

Are any documents relevant to the complaint attached? ___ Yes ___ No

If "Yes," Briefly Describe: _____

What specific policy/rule/law do you feel has been violated? _____

_____

What remedy are you seeking? _____

_____

_____

_____ _____ _____

Name Signature Date

** Civil Service Rules/Policies – Deadlines Apply to Appeals of Application Process, Promotional Process, Disciplinary Appeals and Grievances.

Return completed form to the address above, or e-mail EmployeeRelations@Nashville.gov