



Indicate the person(s) who are alleged to be responsible.

Name(s)	Agency	Work Location (if known)	Classification (if known)

What Remedy? Requested Action? And/or Adjustment you are requesting? Please be specific. Use additional sheets as necessary. -

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Your Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>SEUALG Official Use:</b>	
Date received _____	Record in SEUALG Complaint Log ____ ( <i>initial on completion</i> )
Received by—Name _____	Title _____
Type of letter sent within 10 days( <i>initial on completion</i> ): Closure Letter sent _____ OR Letter of Finding _____	