EXTERNAL COMPLAINT FORM

The external complaint form is to be used by non-NAYA staff to report a serious concern regarding the treatment they received. If you are a NAYA Staff member please refer to the Personnel Policy Manual for staff grievance procedures.

The purpose of the external complaint form is to document the exact details of the occurrence. Provide as much detail as possible including location, time, and people/program involved.

To Submit an External Complaint form to Human Resources, please email, mail or hand deliver to the front office (by placing in the External Complaint envelope provided) to the following address:

ATTN: Human Resources

Mail: NAYA 5135 NE Columbia Boulevard, Portland OR 97218

Email: hr@nayapdx.org

If you choose to use this External Complaint Form, please complete the following information. Please attach any documents that are pertinent to your complaint. Use additional paper as necessary.

Complainant's Contact Information: (person filling out form)					Preferred Pronoun: (circle all that apply)				
First:		Last:			He/Him	She/Her	Them/Th	ey	
Address:					City:				
State:		Zip:	Ema	mail:					
Home #:	Cell #:		Pre	Preferred Contact (circle one): Email Home			Cell		
Complaint Against: (please select a department or write in program, if known. Please mark the same on the envelope.)									
Administrative	Administrative Community Development Development Early College Academy								
Family Services/Domestic Violence Operations/Finance Youth & Education Services						vices			
Other or Program:									
Is this person a: (Circle one)	Student	Staff	Clien	t	Communit	y Member	Elder		
The person's role in the event:				Their Co	ontact Info:				
Person's Name:				Approxim	ximate Age:				
Address (if known):									
City:		State:			Zip:				
Witness(s):									
Name:				Phon	Phone:				
Name:				Phon	Phone:				
Name:				Phon	Phone:				
Please describe your complaint in detail below:									

Updated: 2019-02-08

What would you like to see as a resolution to this complaint?								
I certify that the above information is true to the best of my knowledge								
Signature of Complainant:		Date:						
Name of Person who helped complainant fill out form (if applicable):								
Signature of person who helped complete:		Date:						
OFFICE USE ONLY								
Received by Front Office:	Date:							
Received by Human Resources:	Date:	Date:						
Investigation Conducted by:	Date:							
If an Accident/Incident occurred, please send a copy to Operations								
Original sent to: Human Resources	Date:							
Copy sent to: Department Director								
Copy sent to: Operations Manager (If needed)								