



EMPLOYER COMPLAINT FORM

Student Name _____ Major _____ Date _____
 Phone _____ Email _____ Graduation Date _____
 Date of Complaint _____
 Name of Employer _____ Employer Phone _____
 Name of Supervisor _____

Was this employment opportunity:

Full Time Part Time Internship Freelance

Are you currently working for this employer? Yes No

Did you get a signed and dated agreement/contract before beginning employment? Yes No

Check the issues involved in complaint:

Fee for job Delivery time of work Other
 Payment schedule Copyright issues
 Cost of materials Cost of sketches

Please describe the complaint including specific situations:

Have you discussed your concerns with your employer? If so, what was the response? If not, why?

Did you confirm these issues and agreements in writing? Yes No

What steps would you like Career Development to take to resolve this matter?

Signed _____ Date _____

**Please return this form to Career Development.
 Email partnerships@collegeforcreativestudies.edu or fax 313.664.7618.**