

EMPLOYEE COMPLAINT FORM

Submitting Party: Please complete this section

Name: _____

Dept: _____

Job Title: _____

Phone: _____

1) Name of the person(s) against whom this complaint is being made:

2) Describe the event or incident giving rise to your complaint. Include dates, times, and other relevant details:

3) Give the names of any potential witnesses. Include phone numbers or other identifying information that would assist in contacting them:

4) Have you reported this to anyone else? If so, please give names and dates:

Signature: _____

Date: _____