EMPLOYEE COMPLAINT FORM

**EMPLOYEE INFORMATION**

**Employee Name**: [EMPLOYEE NAME] **Department**: [EMPLOYEE DEPARTMENT]
**Employee Title**: [EMPLOYEE TITLE] **Employee ID** **#**: [EMPLOYEE ID #]
**Phone Number**: [EMPLOYEE PHONE #] **Email**: [EMPLOYEE EMAIL]

**Mailing Address**: [EMPLOYEE ADDRESS]

**COMPLAINT INFORMATION**

**Date of Incident**: [MM/DD/YYYY] **Time of Incident**: [INCIDENT TIME]

**Location of Incident**: [INCIDENT LOCATION]

**Describe the incident in detail:** (attach additional sheets or documents if needed)
[INCIDENT DETAILS]

**If there are any witnesses, provide their information below**:

1. Witness Name: [WITNESS NAME] Phone Number: [WITNESS PHONE]
2. Witness Name: [WITNESS NAME] Phone Number: [WITNESS PHONE]
3. Witness Name: [WITNESS NAME] Phone Number: [WITNESS PHONE]

**Is this the first time raising these concerns?** [ ]  Yes [ ]  No

If no, who were they discussed with? [INDIVIDUAL NAME] Date: [MM/DD/YYYY]

What was the outcome of the discussion?

[DISCUSSION OUTCOME]

If you have a desired outcome or any suggestions to remedy the complaint, describe them here:

[DESIRED OUTCOME]

Is there anything else relating to the complaint that you’d like to add?

[ADDITIONAL DETAILS]

By signing below, I acknowledge that the information provided in this complaint form is true and accurate to the best of my knowledge. I understand that this form will be used for the purpose of investigating my complaint.

**ACKNOWLEDGMENT**

**Employee Signature**: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name: [EMPLOYEE NAME]

**Received By**: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name: [INDIVIDUAL NAME]