

# EMPLOYEE COMPLAINT FORM

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Employee Title: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

## COMPLAINT INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Describe the incident in detail: (attach additional sheets or documents if needed)

If there are any witnesses, provide their information below:

1) Witness Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2) Witness Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
3) Witness Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this the first time raising these concerns? ☐ Yes ☐ No

If no, who were they discussed with? \_\_\_\_\_ Date: \_\_\_\_\_

What was the outcome of the discussion?

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

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

## ACKNOWLEDGMENT

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.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_