



## EMPLOYEE COMPLAINT FORM

It is company policy to investigate all complaints and take appropriate action. If you wish, please use this form to document your complaint, and submit it to the Office Manager / Supervisor / Website.

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

Please describe in as much details as possible the nature of your complaint. Please provide the identify of all know person(s) involved:

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Note all relevant dates, places, events, etc. pertaining to the complaint: (Use second sheet if necessary.)

Please describe any positive solutions that may help to resolve your complaint:

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It may become necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint.

I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation of this complaint. Should it become necessary, I authorize the company to disclose my identity and/or details of this complaint.

Employee Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Office Manager / Supervisor Name: \_\_\_\_\_

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