

EMPLOYEE COMPLAINT FORM

Date of Complaint: _____

Employee (Filer) Information:

Name: _____

Department/Title: _____

Phone Number: _____

Email: _____

Supervisor Name: _____

Supervisor Title: _____

Complaint Details:

Date of Incident: _____

Location of Incident: _____

Description of the Incident:

Please identify all known witnesses and provide their names and contact details below:

Have you previously raised concerns about this or a similar incident? ☐ Yes ☐ No

Please describe any solutions you believe can help resolve your complaint:

Please provide any additional feedback or comments you wish the company to consider when investigating your complaint:



I declare that the facts set forth in this complaint form are true and accurate pursuant to the penalty of perjury under the laws of this State.

Employee (Filer) Name: _____ Signature: _____

Date: _____

