



Compalin & Raise Concern

Name: _____ Employee I.D. Number: _____

Dept.: _____ Supervisor: _____ Position: _____

The reason for my complaint is as follows: _____

Dates on or during which problem has occurred: _____

I have discussed this problem with my supervisor: Yes _____ No _____. If "yes",
dates

discussed and what was told to supervisor: _____

If "no", the reason not discussed is: _____

Efforts I have made to resolve this problem are as follows: _____

The following individuals are involved or may have additional information: _____

PRODUCT

Employment Letters

Personnel Data Updating

Allowances services

Compensation

Compalin & raise concern

Oprtunities & suggestions

COMPANY

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