***[Organization Logo]***

Address, City, State, Zip Code Phone XXX.XXX.XXXX / Fax XXX.XXX.XXXX

# Open Narrative Complaint Form

Please complete this form to submit a complaint. Please include all relevant information to help us address the issue effectively. Your input will remain confidential unless otherwise stated.

## Instructions

1. Complete each section with as much detail as possible.  
2. Describe the issue clearly, including dates, times, and locations if applicable.  
3. Attach any relevant documents or evidence to support your complaint.  
4. Once complete, submit this form to the appropriate department or representative.

|  |  |  |
| --- | --- | --- |
| **COMPLAINANT** – Person who alleges misconduct of individuals associated with the [Organization Name]:  Last Name First Name  Email  Phone Number Address  City State Zip Code |  | **RESPONDENT** – Person you believe to be responsible for the alleged misconduct:  Last Name First Name  Any available contact details (email, telephone, mailing address): |

**BASIS OF YOUR COMPLAINT:** In two or three sentences, please provide a summary statement explaining the respondent’s misconduct towards you.

On the following page(s), please provide a clear and thorough account of the incident(s) and why you believe you were mistreated. Include as many pages as necessary and ensure the following points are addressed:

* **Description of Mistreatment**: Explain specifically how you were mistreated, including when the incident(s) occurred, how frequently, and over what period.
* **Impact on Others**: Identify if other parties were affected by this incident.
* **Harm Caused**: Describe any harm that resulted from these actions, to you or to others.
* **Explanation Provided**: Note any explanations given by the Respondent(s) for their actions.
* **Pattern of Behavior**: Do you have direct evidence or firsthand accounts that this behavior occurred with others in separate instances?
* **Ongoing Concerns**: Do you believe this behavior has continued with others after your involvement? If so, explain the basis for your belief.
* **Previous Reports**: Indicate if you have previously reported this behavior to others. Include the dates and details of these reports.
* **Prior Resolution Attempts**: To your knowledge, has this behavior been addressed by others or by any listed organizations?
* **New or Different Information**: If previously reported, specify any new or different information in this current complaint compared to prior complaints about the Respondent(s).
* **Potential Evidence**: List any additional evidence that may support this complaint (e.g., text messages, voicemails, emails, photos, social media posts). Please do not email these items. Instead, provide a brief description of each item and its relevance; these items will be collected securely later.

**Complaint Narrative:**

**Complaint Narrative Continued:**

**Complaint Narrative Continued:**

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**Complaint Narrative Continued:**



**OTHER RELEVANT PARTIES:** Please list all persons who may be aware, or have any knowledge of, any aspect of your allegations – either through direct conversation with you, or by any other means.

Number of Incidents:

Name of Persons aware of your allegations:

Witness 1: Name

Relationship:

Witness 2: Name

Relationship:

Witness 3: Name

Relationship:

Witness 4: Name

Relationship:

Witness 5: Name

Relationship:

**Signature and Verification:** I affirm that, to the best of my knowledge, the information provided in this complaint is accurate and truthful. I understand that the filing date of this complaint will be recorded as the date it is received by the City of Kenedy. I acknowledge that knowingly submitting frivolous, false, or misleading information may result in disciplinary action. If applicable, I also consent to the release of any medical information necessary for the investigation.

Signature of Complainant:

Date:

**Desired Resolution:** Please describe the actions or outcomes you believe would effectively address this complaint. What steps or remedies would you consider appropriate? (e.g., cessation of inappropriate behavior, disciplinary action, removal of previous disciplinary actions, etc.)