Employee General Complaint Form

Your Name (Print): _____ Date:_____

Department & Job Title: _____

Individual(s) about whom you have a complaint: (if applicable)

Name Department & Job Title

_____

_____

_____

Dates and nature of the complaint:

_____

_____

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Names of all persons that have information and or knowledge of the incident(s) and how they obtained their information and or knowledge of the incident(s):

_____

_____

_____

List supporting information [documents]:

_____

_____

_____

Describe physical evidence that may support your claim:

_____

_____

_____

Did you lose time from work as a result of the alleged incident(s)?

____No ____Yes (describe)_____

Did you require medical attention as the result of the alleged incident(s)?

____No ____Yes (describe) _____

_____

Please describe the desired outcome that would satisfactorily remedy your complaint:

_____

_____

In order to promptly investigate your complaint, it will be necessary to interview you, any individual alleged to be the cause of the complaint, and any witnesses who have knowledge of the allegations or defenses. The Company will inform all persons involved of the confidential nature of the investigation, and warn said individuals that unauthorized disclosures of information concerning the investigation could result in disciplinary action up to and including termination of employment.

ACKNOWLEDGEMENT

I certify that the information in this request is true and accurate to the best of my knowledge. If requested, I agree to provide additional information regarding this complaint to the HR manager. I understand that providing false or misleading information is grounds for discipline up to and including termination from employment. I further understand that HR cannot guarantee complete confidentiality where it would conflict with the employer's obligation to conduct a meaningful investigation or, where warranted, take corrective action.

Signed: _____ Date: _____
[Complainant]