EMPLOYEE COMPLAINT FORM

Our company takes employee complaints of discrimination, harassment, and unethical or unfair conduct as serious matters. So that we may properly investigate your concern, you are requested to fill out this form as completely as possible. Please use additional sheets of paper where needed. After a prompt and thorough investigation into your complaint, you will be notified of the company's intended action. Should you have any questions about the process, please set them forth at the end of this form and we'll do our best to answer them. Thank you.

Employee Name:	Title:	
Department:	Supervisor Name:	
Incident Date:	Incident Location:	
Have you notified your supervisor? Yes	No	
Please describe in as much detail as poss identify all known persons, documents an	sible the nature of your complaint. Please	
Please describe how the actions you com perform your job:	nplain about have affected your ability to	
4. Please describe any positive solutions you	u believe can help resolve your complaint:	
5. Please provide any additional comments investigating your complaint:	you wish the company to consider when	
I declare that the facts set forth in this o to the penalty of perjury under the laws	complaint form are true and accurate pursuant of this State.	
Employee Signature:	Date:	