



### COMPLAINT FORM

Name of Employee:	Employee Classification/Job Title:
Date of Occurrence:	Time of Occurrence:
Location of Occurrence:	Nature of the complaint, what is the issue or allegation, or what has been violated?

Statement of Facts (Use the reverse of this page or additional pages if necessary):

Names of Witnesses:

If the complaint is a group complaint, all employees in the group shall sign on the back of the form. The employee whose name appears on the signature line below shall process the complaint. The complaint must be addressed verbally with the employee(s) immediate supervisor within five (5) working days from the date of the alleged complaint.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR WHO RECEIVED COMPLAINT

\_\_\_\_\_  
DATE

Response of Supervisor: \_\_\_\_\_

\_\_\_\_\_