

EMPLOYEE COMPLAINT FORM

COMPLAINANT: _____

PERSON RECEIVING COMPLAINT: _____

DATE OF COMPLAINT: _____

DATE OF ACTION COMPLAINED OF: _____

TARGET OF COMPLAINT:_____

DESCRIBE COMPLAINT (use additional pages if necessary):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

POTENTIAL WITNESSES:

POLICIES IMPLICATED:

ACTION PLAN:
