

Employee Complaint Form

Your Name: _____ Date: _____ Title:

_____ Phone Number: _____ Status:

____ Employee ____ Customer

____ Faculty Other (Specify) _____

Department: _____

Address:

Complaint Information

Date of Incident: _____ Time of Incident: _____

Location of Incident:

_____ Please describe the
incident in detail:

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_ If there are others who have witnessed the incident, please provide their
names and phone numbers below:

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_ Is this the first time you have raised this concern about this person?

_____ Yes _____ No

Do you have any suggestions for resolving the complaint? If so, please explain.

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_ Do you have any additional information or complaints? If so, please explain.

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Signature: _____ Print Name: _____