



## EMPLOYEE COMPLAINT FORM

This form is to be used by employees to report complaints regarding workplace issues. Please fill out this form as completely as possible. Your complaint will be kept confidential to the extent possible and will be used for investigation purposes.

**Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**A detailed description of my complaint is as follows:** Please provide as much detail as possible about the incident(s), including what happened, who was involved, and any witnesses.

**Date(s) and location(s) on or during which problem has occurred:**

**I have discussed this issue with my supervisor:** Yes \_\_\_\_ No \_\_\_\_ **If "YES":**

**Dates of Discussion** \_\_\_\_\_

**Describe the discussion held with supervisor and any actions taken:**

**If "No", the reason not discussed with supervisor:**

**Efforts I have made to resolve the problem are as follows:**

**The following individuals are involved or may have additional information:**

**Describe and attach copies of any supporting evidence:** (emails, photos, documents, etc.)

**Resolution Sought:**

#### **Acknowledgment**

By signing below, I acknowledge that the information provided in this complaint form is true and accurate to the best of my knowledge. I understand that this form will be used for the purpose of investigating my complaint.

\_\_\_\_\_  
**Employee signature**

\_\_\_\_\_  
**Date**

#### **Notes:**

1. This form should be submitted to the HR Manager.
2. Keep a copy of this form for your records.

This complaint form is designed to ensure that all complaints are handled in a fair and consistent manner. The Commission is committed to providing a safe and respectful work environment for all employees.

#### **Internal Use Only**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_