**Employee Complaint**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** |  | | |
| **Department** |  | **Title** |  |

|  |  |
| --- | --- |
| **Date of the complaint** |  |

Description of the complaint:

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Were there any witnesses?

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How would you like this matter to be resolved?

|  |  |  |  |
| --- | --- | --- | --- |
| **Reported to** |  | **on** |  |

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| --- | --- | --- |
|  |  |  |
| **Date** |  | **Employee Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Date** |  | **Supervisor Signature** |

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