



COMPLAINT COMMUNICATION

DATE _____

COMPANY _____
 NAME* _____
 PHONE NUMBER _____ E-MAIL _____
 DEPARTMENT _____ POSITION _____
 MANAGER/SUPERVISOR _____ LAST DAY WORKED _____

*If you are no longer employed with the company or if you are on a leave of absence please list your last day of work and a phone number or e-mail address where we may contact you.

The Company takes all complaints including allegations of harassment, discrimination, and retaliation very seriously. Employees, who believe they have a valid complaint, should complete the Complaint Communication and return it to the Human Resources Department as soon as possible. Notice

FOR EACH EVENT OF WHICH YOU ARE COMPLAINING PLEASE COMPLETE THE BELOW. IF THIS DOCUMENT IS INADEQUATE FOR YOU TO FULLY EXPLAIN THE EVENTS AND YOUR POSITION, PLEASE USE ADDITIONAL PAGES TO EXPRESS YOURSELF.

1. Please describe the decision or circumstances causing your complaint (give specific factual details).

2. Please list the date and location of the above (please be as specific as possible).

3. Please list name(s) of anyone who may have witnessed or may have additional knowledge.

4. Please explain how you have been harmed by this decision or circumstance.

5. Please describe any efforts you have made to resolve your complaint.

6. Please list name(s) and dates of anyone you've communicated with regarding your complaint

7. Please describe the outcome or remedy you seek for this complaint

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PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU BELIEVE IS RELEVANT TO THE COMPLAINT

COMPLAINANT SIGNATURE _____ **DATE** _____

PRINTED NAME _____

Thank you for providing the above information. Complaints will be kept confidential to the extent possible, consistent with the conduct of a full and fair investigation. Filing a bad faith complaint of harassment, discrimination, wage and hour violation, OSHA, Workers' Compensation, any other employment statute, will subject the complainant to disciplinary action up to an including termination and/or legal action where applicable.

FOR OFFICE USE ONLY

Date Received _____ Received By: _____
Delivery Method _____

Notes:

