

Add Logo

[Company Name]

[Address]

[Email]

[Phone Number]

**Witnesses:**

If some colleagues are the witness of the whole incident then you must compulsorily include their name and phone number below.

Name: Phone Number:

Name: Phone Number:

Name: Phone Number:

Name: Phone Number:

Employee Name:

Mailing Address:

Phone Number:

Name of the person you believe discriminated against you:

Department:

Mailing Address:

Phone Number:

**Basis of Complaint:**

|  |  |  |  |
| --- | --- | --- | --- |
| Race | Age | Sexual Orientation | Political Belief |
| Religion | Physical Disability | Social Origin | Marital Status |
| Culture | Genetic information | Condition | Ancestry |
| Color | National Origin | Retaliation | Other |

**Employee Complaint Form**

