06

Add Logo

20222

Date: / /

**[Company Name]**

**[Address]**

**[Email]**

**[Phone Number]**



**Employee Complaint Form**

13

|  |  |  |  |
| --- | --- | --- | --- |
| Employee information: | | | |
|  |  |  |  |
| Employee Name: |  | **Department:** | |
| Employee ID : |  | **Social Security (SSN):** | |
| Address: |  | | |
|  | | | |
| Phone Number: | |  |  |
|  |  |  |  |
|  |  |  |  |
| Details of incident: | | | |
| Date of incident: | | **Time of incident:** | |
| Location: | | | |
|  | | | |
| Person Name | **Position** | **Department** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Please describe the incident in detail: | | | |
| Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero, sit amet commodo magna eros quis urna.  Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus. | | | |
| Person who witnessed the incident if any: | | | |
| Person Name | **Position** | **Department** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**Employee Signature**