[Company Name]

[Address]

[Email]

[Phone Number]

Add Logo



**Employee Complaint Form**

**Employee Information**

**Complaint Information**

Employee Name: Employee Department:

Employee ID: Social Security (SSN):

Status: Mailing Address:

Phone Number:

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

**Basis of Complaint**



Date of Incident: Time of Incident:

Location of Incident:

Name: Phone Number:

Name: Phone Number:

Name: Phone Number:

Employee Signature

**Witnesses**