

**Employee Complaint Form**

Add Logo

[Company Name]

[Address]

[Email]

[Phone Number]

Date: 06/13/2022

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Information:** | | | |
|  |  |  |  |
| **Employee Name** |  | **Department** |  |
| **Employee ID** |  | **Social Security (SSN)** |  |
| **Title/Position** |  | **Phone Number** |  |
| **Address** |  | | |
|  |  |  |  |
| **About the incident:** | | | |
|  |  |  |  |
| **Date of incident** |  | **Time of incident** |  |
| **Location of incident** |  | | |
|  | | | |
|  |  |  |  |
| **Please provide a brief description of the incident** | | | |
|  |  |  |  |
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|  |  |  |  |
| **Write the name of the witnesses if any:** | | | |
| **Employee Name** | **Employee ID** | **Department** | **Phone Number** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |



Employee Signature