Date:

[Company Name]

[Address]

[Email]

[Phone Number]

Add Logo



Employee Complaint Form

**Employee Information:**

Employee Name: Employee Department:

Employee ID: Social Security (SSN):

Status: Mailing Address:

Phone Number:

**Complaint Information:**

Date of incident: Time of Incident:

Location:

**Please describe the whole incident in detail:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |



Employee Signature

**Witnesses:**

Name: Phone Number:

Name: Phone Number:

Name: Phone Number: