[Company Name]

[Address]

[Email]

[Phone Number]

Add Logo



**Employee Complaint Form**

Employee Name: Employee Department:

Employee ID: Social Security (SSN):

Status: 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 |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **About the incident:** | | | | |
| Date of Incident | |  | Time of incident |  |
| Location |  | | | |
|  |  | | | |

Employee Signature

|  |  |  |  |
| --- | --- | --- | --- |
| **Witnesses:** | | | |
| Employee Name | Employee ID | Department | Phone Number |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Please provide a brief description of the event that forces you to bring it in our notice:** |
|  |
|  |
|  |
|  |