

# Employee Complaint Form

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Status:  Employee  Customer  
 Faculty  Other (Specify) \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

## Complaint Information

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Please describe the incident in detail:

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If there are others who have witnessed the incident, please provide their names and phone numbers below:

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Is this the first time you have raised this concern about this person?

Yes  No

