

Employee Complaint Form

It is company policy to investigate all complaints and take appropriate action. If you wish, please use this form to document your complaint, and submit it to the Office Manager / Human Resources Representative.

The person(s) involved in this complaint are: _____

Note all relevant dates, places, events, etc. pertaining to the complaint: (Use second sheet if necessary.) _____

It may become necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint.

I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation of this complaint. Should it become necessary, I authorize the company to disclose my identity and/or details of this complaint.

Your Name: _____

Signature: _____ Date _____

Office Manager / HR Representative: _____

Signature: _____ Date _____

Legal Disclaimer: The Employee Complaint Form is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes, and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.