— CONFIDENTIAL —

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| --- | --- | --- | --- | --- | --- | --- |
| **SAMPLE COMPLAINT FORM** | | | | | | |
| Date of Complaint: |  | | | | | |
| Time of Complaint: |  | | | | | |
| **Complainant** | | | | | | |
| Name: |  | | | | | |
| Position: |  | | | | | |
| Work Phone #: |  | | | Home Phone #: | |  |
| Work Email: |  | | | Home Email: | |  |
| Supervisor’s Name: |  | | | | | |
| **Accused Employee** | | | | | | |
| Name: |  | | | | | |
| Position: |  | | | | | |
| Supervisor’s Name: |  | | | | | |
| **Incident(s) at Issue** | | | | | | |
|  | | | | | | |
| **Potential Witnesses** | | | | | | |
|  | | | | | | |
| **Has Complainant Told Others about the Incident(s)?** | | | | | | |
|  | | | | | | |
| **Documents Relating to Complaint – Please List and Attach** | | | | | | |
|  | | | | | | |
| **Other Issues** | | | | | | |
|  | | | | | | |
| **Intake Information** | | | | | | |
| Name and Title of Intake Person: | |  | | | | |
| Work Phone Number: | |  | Email: | |  | |
| Signature of Intake Person: | |  | | | | |
| **Verification by Complainant** | | | | | | |
| The information above is correct and complete, to the best of my knowledge.  Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |