— 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |