

EMPLOYEE COMPLAINT FORM

Employee Name: _____

Employee ID: _____

Department: _____

Position/Title: _____

Complaint Details:

Date and Time of Incident: _____

Location of Incident: _____

Individuals Involved: _____

Witnesses (if any): _____

Action Requested by Employee: _____

Employee Signature: _____

Date: _____

Management Review and Response: _____

Reviewer Name: _____

Position/Title: _____

Review Date: _____

Management Signature: _____

Legal Notice:

This Employee Complaint Form is intended to facilitate the reporting and resolution of workplace concerns. All information provided will be treated as confidential by management to the extent permitted by law. Employees are encouraged to provide truthful and complete information. Retaliation against any employee for filing a complaint in good faith is strictly prohibited under United States law. Management will investigate the complaint promptly and take appropriate corrective action as necessary. This form does not create any contractual rights and does not affect the employment-at-will relationship.

EMPLOYEE SIGNATURE

MANAGEMENT SIGNATURE

Signature: _____

Signature: _____

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