Employee Relations Complaint Form

| Employee Name: | | Date of Complaint: |
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| Position and Location: | | Phone Number: |
| Work Email: | | Personal Email: |
| Supervisor Name: | | Date of Incident: |
| Accused Employee: | | |
| Policy/Procedure that has been violated: | | |
| Issue/Complaint: | | |
| Potential Witnesses: | | |
| Have you spoken with your supervisor regarding this complaint or anyone else? | | |
| Do you have any documents or emails regarding this complaint/issue? | | |
| Desired outcome: | | |
| The information above is correct, true, and complete, to the best of my knowledge.  Employee Signature: | | |
| Employee Relations will fill out information below: | | |
| Employee Relations Investigator: |  | |
| Date Received: |  | |
| Date Contacted Employee: |  | |
| Additional Information: |  | |
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