



# Complaint Collection Form

Complaint ID

## Complainant's Information

Full name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_

## Complaint Details

Date received: \_\_\_\_\_  
Receptive medium: \_\_\_\_\_  
Location: \_\_\_\_\_

## Nature of the complaint

  
  
  

Harassment  
Discrimination  
Unfair Treatment  
Other: \_\_\_\_\_

  
  

Workplace Safety  
Selection Dispute  
Resource Exploitation

## Explain nature of complaint

## Person(s) involved in this complaint (complainant, complaine(s), target(s), complicit(s), witness(es), etc.)

## List relevant incidents (include dates, times, places, events, corroborating data, etc.)

Please use a second sheet if necessary.



# Complaint Collection Form

**Specify desired remedy**

\_\_\_\_\_

[Place], [Date]

\_\_\_\_\_

[Name]

[HR Representative's job title]