Complaint 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, complainee(s), target(s), complicit(s), witnesse(s), etc.)

List relevant incidents (include dates, times, places, events, corroborating data, etc.)
Please use a second sheet if necessary.

Specify desired remedy

[Place], [Date]

[Name]

[HR Representative's job title]