



## Employee/Member Complaint Form

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Status:  Employee  Volunteer  Customer  Board Member  
 Other (Specify) \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

### Complaint Information

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Please describe the incident in detail:

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If there are others who have witnessed the incident, please provide their names and phone numbers below:

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Is this the first time you have raised this concern about this person?

Yes  No

Have you attempted to resolve this incident between you and the other person(s)?

\_\_\_ Yes \_\_\_ No If "No", please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions for resolving the complaint? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any additional information or complaints? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Who are you submitting this form to: \_\_\_\_\_

**\*\*\*Do not write below this line – Company Use Only\*\*\***

Received by and Date: \_\_\_\_\_

Mediation: Yes \_\_\_ No \_\_\_ If no, why not? \_\_\_\_\_

Was the issue resolved? \_\_\_ Yes \_\_\_ No

Resolution: \_\_\_\_\_

Reason unresolved: \_\_\_\_\_

