

# Employee complaint form

**Employee Information**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Please route in order**

Department Supervisor (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Assistant Manager/Manager (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

President (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

**Statement of Complaint:**

Please state the details of your complaint, including the dates of occurrence of any acts that are the subject of your complaint. Include how you wish the complaint resolved. Attach pages if needed.

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I certify that the information provided in this formal complaint is accurate and complete to the best of my knowledge.

\_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Employee/Tenant (Please Print)      Signature      Date

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**This area is to be filled out by Human Resource Only**