



Workplace Conflict: Employee Formal Complaint Form

This form is to be used by employees to initiate a formal complaint as outlined in the *Super Restoration Service Co. Employee Handbook / Section 2.5 Employee Grievances*

RETURN THIS FORM TO THE DIRECTOR OF HUMAN RESOURCES

This section is to be completed by the person filing the complaint:

Name of Complainant: _____ Title: _____

Person (s) identified as part of or causing the conflict/workplace problem

Name (s) _____

The problem or issue (please briefly describe / attach additional page if needed)
Include the steps you have taken to solve the problem informally. Be sure to include your desired outcome or resolution of your complaint.

Signature of Complainant: _____ Date _____

Please list the names of other people with information about the complaint or who have worked with you to try and resolve the issue:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

This section is to be completed by HR & investigating Manager

Complaint Received in HR: Date_____ Initials_____

Complaint received by Manager: Date_____ Initials_____

Investigating Manager meets with those named in the complaint to discuss problem or issue (within 3 working days of complaint being filed):

Date_____ Initials_____

Investigating Manager sends written notice of results / resolution to complainant and those named in the complaint (within 5 working days of complaint being filed):

Date_____ Initials_____