



## Employee Complaint Form

Location: ☐ Darien ☐ Greenwich ☐ Riverside ☐ Westport ☐ Acosta ☐ 1700

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Complaint Taken By: \_\_\_\_\_

Employee(s) Involved: \_\_\_\_\_

Complaint:

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**DO NOT WRITE BELOW LINE**

Action Taken:

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Follow Up Action:

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Was The Problem Resolved? YES or NO

If no, to whom was the problem transferred? \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Name

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date