

Employee Complaint Form Online

Employee Name: _____

Employee ID (if applicable): _____

Date of Submission: _____

Contact Information (Email/Phone): _____

1. Complaint Information

- **Type of Complaint (check one):**

- Harassment
- Discrimination
- Policy Violation
- Safety Issue
- Other: _____

- **Description of the Complaint (Provide specific details):**

2. Parties Involved

Person Involved	Role	Relationship to Employee	Contact Information

3. Actions Desired by Employee

- **Preferred Outcome (check all that apply):**

- Apology
- Policy Change

- **Further Investigation**
- **Other:** _____

Employee Signature (Electronic Signature): _____ **Date:** _____

HR Representative Signature: _____ **Date:** _____