

Employee Complaint Form Template

Employee Full Name: _____

Employee Department: _____

Position: _____

Date of Complaint: _____

1. Nature of Complaint

- Issue Type (check one):

- Discrimination

- Harassment

- Bullying

- Retaliation

- Other: _____

- Details of the Incident (include dates and names if possible):

2. Witnesses (if any)

Name of Witness	Department	Contact Information

3. Attachments (if applicable)

Please check if you have attached supporting documents:

- Email Correspondence

- Photos

- **Official Reports**
- **Other Documentation:** _____

Employee Signature: _____ **Date:** _____

Manager or HR Acknowledgment Signature: _____ **Date:** _____