

Employee Complaint Form

Employee Information

- Full Name: _____
- Employee ID: _____
- Department: _____
- Contact Number: _____

Complaint Details

- Date of Incident: _____
- Time of Incident: _____
- Location: _____

Nature of Complaint

- Harassment Unfair Treatment Workplace Safety Other:

Description of the Complaint

Desired Resolution

(What resolution are you seeking?):

Acknowledgment

I confirm the above information is true to the best of my knowledge.

Signature: _____

Date: _____