

Employee Complaint Investigation Form

Employee's Full Name: _____

Department: _____

Position: _____

Date of Complaint Submission: _____

1. Complaint Summary

- Date of Incident: _____
- Location of Incident: _____
- Description of Complaint (Describe the issue in detail):

2. Investigation Details

Action Taken	Date	Investigator	Findings
Initial Interview			
Witness Statements			
Documentation Reviewed			
Resolution Action(s)			

3. Resolution Actions Proposed

- **Counseling**
- **Disciplinary Action**
- **Mediation**
- **Reassignment**
- **Other:** _____

Investigator's Signature: _____ **Date:** _____

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