

HR Employee Complaint Form

Employee Name: _____

Employee ID: _____

Department: _____

Complaint Date: _____

1. Description of Complaint

- **Category of Complaint (select one):**

- Workplace Environment
- Pay Discrepancy
- Supervisor Conduct
- Co-worker Issue
- Other: _____

- **Details of Complaint:**

2. HR Investigation Checklist

Action Item	Completed (Check)	Date	Notes
Employee Interview	[]		
Witness Interviews	[]		
Document Review	[]		

Follow-Up Actions	<input type="checkbox"/>		
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3. Resolution Options (Check all that apply)

- **No Action Required**
- **Mediation**
- **Formal Warning**
- **Transfer of Employee**
- **Policy Review**

Employee Acknowledgment of HR Review: _____ **Date:** _____

HR Manager Signature: _____ **Date:** _____