EMPLOYEE COMPLAINT FORM

[Organization Name] takes employee complaints as serious matters. Please complete this form as completely as possible so that we can thoroughly address your issues. Please use extra sheets of paper if necessary. You will be notified of the company's intended action after a comprehensive inquiry has been made into your complaint. If you have any concerns about the procedure, please leave them at the bottom of this form, and we'll try our best to respond. Thank you very much for taking the time to complete this form.

**Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor/Manager’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Kindly describe in as much detail as possible the nature or your complaint. Provide or identify all known persons, documents, and witnesses to your concerns.

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1. How has this issue affected your performance to fulfil your job responsibilities?

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1. Please describe any possible solutions or what you would like to see happen to resolve your complaint.

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1. Are there any things you think you could have done differently within this situation?

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1. Please write down any additional comments you would like the company to consider when reviewing your complaint.

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I declare that the information set forth in this complaint form is true and accurate to the best of my knowledge.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGREEMENT

I agree that my complaint has been heard and acknowledged by [Insert Title/Name] and that the agreed upon resolution is satisfactory.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_