**EMPLOYEE COMPLAINT FORM**

Employee Name: Position:

Date:

**Please provide details of your complaint: (include time and dates of incident or event)**

**Questions:**

1. **Have you informed or discussed this matter with any other staff member within the company? If yes, please specify the name of the person(s) informed, the person(s) position, and the date discussion was held.**

❑ Yes ❑ No

1. **If you answered NO to question 1, is there any staff member within the company whom you would like to discuss this matter with? If yes, please specify the name of the person(s) and the person(s) position.**

❑ Yes ❑ No

1. **What are you seeking as a resolution to this matter? If yes, please explain what you are seeking and your reasons for that.**

***Thank you for sharing your thoughts with us. We will be in contact with you shortly to try and satisfactorily resolve this matter.***

**Office Use:**

Comments: