**Complaint Reporting Form**

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| --- | --- |
| **Date of Complaint**: Click here to enter a date. | **Spoke with Supervisor**: Yes [ ]  No [ ]  |
| **Complainant**:       | **Complainant’s Supervisor**:       |
| **Email:**       | **Phone:**       |
| **Name of Accused Employee**:       | **Accused Employee’s Position**:       |

**1 - Incident(s) at Issue (Who, What, Where, When, How):**

**2 - Potential Witnesses:**

**3 - Other associated issues:**

**4 - What have you done to correct the situation?**

The information above is correct and complete to the best of my knowledge.

Complainant Signature:

Date:

**FOR HUMAN RESOURCES USE ONLY**

Date of Intake:

Name of Intake Person:

Signature of Intake Person:

Notes: