

**EMPLOYEE COMPLAINT FORM**

*\*THIS INVESTIGATION IS CONFIDENTIAL AND INFORMATION OBTAINED DURING THE COURSE OF THIS INVESTIGATION MUST NOT BE DISCLOSED\**

Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Union Representative (*if any*): \_\_\_\_\_

Time Period Covered by Complaint: \_\_\_\_\_

Individuals Who Allegedly Committed Incident:

	Name	Department	Job Title
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Describe the dates and the nature of the incident allegedly committed by each identified individual:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Identify all employees or others with knowledge of the complained of conduct:

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Are there any documents which contain information supporting the occurrences described above?

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Is there any physical evidence which supports your complaint? If so, please describe:

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Have you missed any work time as a result of the alleged incident? If “yes,” identify the occasions.

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Have you incurred any unreimbursed medical expenses as a result of the alleged incident ?

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If you previously complained about this or related acts of general incident to an Employer supervisor or official, please identify the individual to whom you complained, the date of the complaint, and the resolution of your complaint:

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*(Attach Additional Sheets if Necessary)*



Witness Statement Form

*\*THIS INVESTIGATION IS CONFIDENTIAL AND INFORMATION OBTAINED DURING THE COURSE OF THIS INVESTIGATION MUST NOT BE DISCLOSED\**

Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Union Representative (if any): \_\_\_\_\_

Length of Time Known: Complainant Individuals \_\_\_\_\_ Respondent \_\_\_\_\_

Who Allegedly Committed Incident:

	Name	Department	Job Title
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____
5.	_____	_____	_____
	_____	_____	_____

Identities of other persons with knowledge of facts relevant to this investigation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach Additional Sheets if Necessary)*

Witness Statement Form (cont'd)

Please provide a detailed description of the events you witnessed. Include the date, time, location and individuals present.

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Any other information which should be considered in evaluating the validity of the complaint in this case:

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Acknowledgment:

I, \_\_\_\_\_, affirm that the information I have provided is true and correct. I acknowledge that the investigation is confidential and that I am not to disclose information obtained by me during the course of this investigation. I understand that unauthorized disclosures could result in disciplinary action up to and including termination.

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_