EMPLOYEE COMPLAINT FORM

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

Name:			
Departme	nt:		
Job Title:			
Superviso	r:		
Union Rej	presentative (if any):		
Time Peri	od Covered by Complain	nt:	
Individual	s Who Allegedly Comm	itted Incident:	
1	Name	Department	Job Title
1			
2.			
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" <u> </u>			
5			
Describe	the dates and the nature	of the incident allegedly committed by each	identified individual:

entify all emplo	byees or others with knowledge of the complained of conduct:
re there any doo	cuments which contain information supporting the occurrences described above?
there any phys	ical evidence which supports your complaint? If so, please describe:

Have you missed any work time as a result of the alleged incident? If "yes," identify the occasions.
Have you incurred any unreimbursed medical expenses as a result of the alleged incident?
Trave you incurred any unremioursed medicar expenses as a result of the aneged incident:
If you previously complained about this or related acts of general incident to an Employer superviso or official, please identify the individual to whom you complained, the date of the complaint, and the resolution of your complaint:

(Attach Additional Sheets if Necessary)

I. Are you afraid that someone may retaliate against you because you filed this complaint? If so, please identify the person(s) and indicate the reasons why you feel the person(s) may retaliate against you.			
What is your requested remedy in this complaint	?		
Acknowledgement:			
The information provided above is true and corre	ect.		
Signature of Complainant:	Date:		
Signature of Comptamant.			
with knowledge of the allegations or defens	eary to interview you, the alleged person(s), and any witness ses. The Employer will notify all persons involved in the unauthorized disclosures of information concerning that to and including termination.		
I am willing to cooperate fully in the investigati Employer deems relevant.	ion of my complaint and to provide whatever evidence the		
Signature of Complainant:	Date:		

Witness Statement Form

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Name:					
Department:					
Job Title:					
Union Representative (if any):					
Length of Time Known: Complainant Individuals Respondent					
Who Allegedly Committed Incide	ent:				
Name	Department		Job Title		
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 event individuals present.	s you witnessed. Include the date, time, location and
Any other information which should be considered case:	ed in evaluating the validity of the complaint in this
Acknowledgment:	
correct. I acknowledge that the investigation is	that the information I have provided is true and confidential and that I am not to disclose information ation. I understand that unauthorized disclosures could ermination.
Signature of Witness:	Date: