EMPLOYEE COMPLAINT FORM

Employee information

Name:

Department:

Job Title:

Complaint information

Briefly describe the issue you are bringing to attention. (e.g., harassment, discrimination, workplace safety, wage/hour issues…):

Details of the complaint:

Please provide a detailed description of what happened:

Desired resolution

Explain what you would like to see happen as a result of this complaint:

Additional information

Include, if applicable, any other relevant information like evidence or witness(es) information.

Confidentiality (Optional)

I would like this complaint to be kept confidential.

By signing below, I confirm that the information provided in this complaint is accurate and truthful to the best of my knowledge.

Signature: _____

Date: _____

Please note that this is a template and may not be suitable for all situations. Some companies may have a specific process for filing complaints. It is always best to consult with your company's Human Resources department (HR) or an attorney for any additional guidelines or forms.