

COMPLAINANT INFORMATION

Name:

Job Title:

Email:

Phone Number:

SUPERVISORY INFORMATION

Name:

Job Title:

Have you brought this to your supervisor's attention?

• Yes

• No

COMPLAINT INFORMATION

Name:

Job Title:

Relationship to you:

• Supervisor

• Subordinate

• Co-worker

• Other

1. Please describe what happened. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

2. Please describe how this matter has impacted you and your ability to perform your job responsibilities, including any effects within the scope of the Employee Handbook or workplace policies. If additional space is needed, please attach supplemental pages along with any relevant documentation or supporting evidence.

3. Date(s) occurred:

4. Is the behavior continuing?

• Yes

• No

5. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

6. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

Employee Acknowledgment

I certify that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that knowingly providing false or misleading information may result in disciplinary action, up to and including termination of employment.

Name (print):

Date:

Signature (typed or written):

Revised March 16, 2026