

# Idaho Division of Human Resources

## Complaint Questionnaire

\*Fields marked with an asterisk are the only required fields, however completing the form in its entirety is preferred.

Date: \_\_\_\_\_

### Your Information

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

\*Agency: \_\_\_\_\_ Department (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Accused's Information

\*Name: \_\_\_\_\_ Position: \_\_\_\_\_

\*Agency: \_\_\_\_\_ Department (if applicable): \_\_\_\_\_

Relationship to You (Supervisor, coworker, etc.): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Incident Details

\*Date of Incident: \_\_\_\_\_ \*Where did the incident occur: \_\_\_\_\_

\*Type of Incident:

\*Explain the Details of the Incident:

# Idaho Division of Human Resources

## Complaint Questionnaire

### Incident Details Continued

\*Explain your reaction to the incident:

\*Describe what happened after the incident:

Please provide the names of any witnesses if applicable:

Who have you discussed this incident with if anyone?

\*Identify your desired outcome of this complaint:

### Filing Instructions

Once you have completed this form, please email it to [employeecomplaintline@dhr.idaho.gov](mailto:employeecomplaintline@dhr.idaho.gov). If you would like to file this complaint anonymously, call 208-854-3080 or toll-free 800-554-5627.

