

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:

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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. If you would like to file this complaint anonymously, call 208-854-3080 or toll-free 800-554-5627.

