Employee Complaint Questionnaire

*Fields marked with an asterisk (*) are required. Completing all sections is encouraged to assist in reviewing your complaint.

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.): _____
Complaint Type: Select One
Phone Number: _____
Email: _____

Incident Details

Date of Incident*: _____
Location of Incident*: _____
Type of Incident*: _____

Explain the Details of the Incident*- *Please provide a detailed account of what happened. Please include who was involved, what your reaction was to the incident and what happened after the incident*

Witnesses (if applicable)

Desired Outcome of This Complaint*