Employee Complaint Form

Use this form to raise a concern about something at work. You do not have to use it: you can also raise a concern verbally with HR, your manager or [hotline / email]. Give as much detail as you can, but do not let missing details stop you from reporting. The company does not allow retaliation against anyone who raises a concern in good faith. Return the form to [HR Contact] at [HR Email] or in a sealed envelope marked Confidential.

SECTION 1: YOUR DETAILS

Full name (leave blank to report anonymously through [hotline])

Employee ID

Job title

Department / team / shift / site

Manager's name

Preferred phone

Preferred email

Best way and time to contact you

SECTION 2: TYPE OF CONCERN (CHECK ALL THAT APPLY)

- ☐ Harassment, including sexual harassment
- ☐ Discrimination (for example race, sex, age, disability, religion, national origin, pregnancy or another protected characteristic)
- ☐ Retaliation for raising a concern or using a legal right
- ☐ Bullying or abusive behavior
- ☐ Unfair treatment by a manager (scheduling, assignments, discipline)
- ☐ Pay, hours, overtime or breaks
- ☐ Health and safety
- ☐ Request for accommodation not handled
- ☐ Fraud, theft or unethical conduct
- ☐ Policy or working conditions

Other (describe)

SECTION 3: WHAT HAPPENED

Name(s) and job title(s) of the person or people involved

Date(s) the incident(s) happened

Is this ongoing?

☐ Yes ☐ No ☐ Not sure

Location (site, room, shift, online channel)

Describe what happened, in order. Include what was said or done, by whom, and how it affected you.

Witnesses or others who may have information (names and how they know)

Evidence you have or know of (messages, emails, photos, schedules, pay stubs)

SECTION 4: EARLIER REPORTS AND YOUR DESIRED OUTCOME

Have you raised this before?

☐ No ☐ Yes, with my manager ☐ Yes, with HR ☐ Yes, through the hotline

☐ Yes, with an outside agency

If yes, when, with whom and what happened

What would you like to happen as a result of this complaint?

Do you have any concern for your safety or about retaliation right now?

☐ No ☐ Yes (please describe and HR will contact you promptly)

SECTION 5: CONFIDENTIALITY AND NON-RETALIATION

HR will keep your complaint as confidential as possible. Information will be shared only with people who need it to look into and resolve the concern, which may include the person you have named and witnesses. We cannot promise complete confidentiality where the law requires disclosure or where it is needed to investigate.

[Company Name] prohibits retaliation against anyone who raises a concern in good faith or takes part in an investigation. If you believe you are experiencing retaliation, report it immediately to [HR Contact] or [hotline]. Nothing in this form limits your right to contact a government agency, such as the EEOC, a state fair employment agency, OSHA or the Department of Labor.

SECTION 6: YOUR SIGNATURE

☐ The information I have given is true to the best of my knowledge

Signature _____ Date _____

Date submitted

_____

SECTION 7: HR USE ONLY

Case number

_____

Date and time received

_____

Received by

_____

Acknowledgement sent to employee (date)

_____

Category assigned

☐ Harassment / discrimination ☐ Retaliation ☐ Conduct / bullying ☐ Pay and hours

☐ Safety ☐ Ethics / fraud ☐ Management practice ☐ Other

Priority

☐ Urgent: safety or ongoing harassment (act within 24 hours)

☐ High: investigate within 5 working days ☐ Standard: resolve within 30 days

Interim measures needed (schedule change, separation, paid leave)

_____

_____

_____

Assigned investigator

☐ Legal or outside counsel notified

Outcome and date closed

Outcome communicated to employee (date)