**Employee Complaint Form**

Name of the Complainant: Department:

Phone Number: E-mail:

Who is the complaint against?

Date of Incident:
*(If more than one event, please report each event on a separate form.)*

Where did the specific event occur?

Please explain the events that occurred.

 What is your desired outcome of the investigation?

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence action pact deems relevant.

Signature: Date:

*Please return this form to Human Resource at* *hr@myactionpact.org*