

## Employee Complaint Form

Administrative Regulation 1312.1

PLEASE PRINT

Complainant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_ Location of Alleged Incident: \_\_\_\_\_

Name(s) of Employee(s): \_\_\_\_\_

**Narrative Summary of Alleged Incident** – include time, place, participants & witnesses to the alleged violation. (If more space is needed, please attach additional sheets):

**A specific description of any prior attempt to discuss the complaint with the employee and the failure to resolve the matter:**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

|   |
|---|
| For Human Resources Only:<br>Date Received: _____<br>Received By: _____ |
|---|