

General Complaint Form

Please complete this form and return it to NAME OR DEPARTMENT.

Name of the Complainant		Department	
Email	Phone Number	Today's Date	

Date and Time of Incident
Where did the incident occur?
Please explain the incident that occurred in detail.
Were there any witnesses to this specific incident? (If yes, please provide their names.)
Is there any physical evidence that supports your complaint? If so, please describe or attach copy.

Acknowledgment:

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 ORGANIZATION deems relevant.

Complainant Printed Name: _____ Date: _____

Complainant Signature: _____