

**COMPLAINT ABOUT EMPLOYEE
REPORT FORM**

Person About Whom the Complaint is Expressed: _____

Name of Person Making Complaint: _____

Address: _____

Telephone: _____ Work Site (if applicable): _____

Nature of the Complaint and Evidence/Examples Used to Support the Complaint (attach additional information if possible):

Person to Whom the Complaint was Referred: _____ Date: _____

Signature of Complainant

(To be Completed by Person Receiving the Complaint)

Name of Person Receiving the Complaint: _____

Date and Time Complaint was Received: _____

Administrator/Supervisor's Decision:

Administrative Investigation _____

Dismiss _____

Explanation _____

Signature of Administrator/Supervisor

Date

Complaints which are resolved or dismissed should be kept in a separate site complaint file along with a copy of the Complaint Resolution Form. The completed Complaint Resolution Form should be sent to the **Human Resources Office** to be included in a master complaint file.

COMPLAINT RESOLUTION FORM

The expression of concern about the performance of _____
(Complainee)

which was made on _____ by _____ was resolved
(Date) (Complainant)

in the following manner:

- _____ Mutual agreement of parties
- _____ Dismissed without merit after administrative investigation
- _____ Disciplinary action. Explain. _____

Signature of Administrator _____

Date _____

Complete this form whenever a complaint is resolved. Send this to the **Human Resources Office**.