

EMPLOYEE DETAILS

Name: _____

Date: _____

Supervisor: _____

Department: _____

CASE INFORMATION

Who is this formal complaint against? _____

When did the event take place? Dates and times: _____

Where did the event(s) take place? _____

How often has this occurred or was this a one-time occurrence? _____

Did anyone else participate in the incident? _____

Are there any witnesses that observed or heard, this take place? _____

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ADDITIONAL CASE INFORMATION

Have you reported this to anyone within the company before today? Yes No

If "yes" when, how and to whom? _____

Did you ever indicate that you were offended or displeased with the behavior? Yes No

If "yes" when, how and to whom? _____

Did you ever indicate that you wanted the behavior to stop? Yes No

If "yes" when, how and to whom? _____

Have you discussed this with anyone else? Yes No

If "yes" who, when and what was their response? _____

What action do you want the company to take? _____

ACKNOWLEDGEMENT

Print Name: _____

Date: _____

Signature: _____

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