

EMPLOYEE COMPLAINT FORM

To file a written complaint, please fill this form completely and submit it by hand delivery, fax, or mail to the Delegated Manager/Internal Complaint Committee.

Complainant Name _____ Respondent _____
Designation _____ Designation _____
Department _____ Department _____
Telephone No _____

1. Date of the Incident __/__/_____

2. Complete description about the incident causing this complaint

3. Explanation on how you have been harmed by this incident

4. Are there others who may have witnessed this alleged harassment? If so, please provide their name(s).

5. Are there others who may have experienced similar alleged harassment by the individual named above? If so, please provide their name(s).

6. Please describe efforts, if any, you have made to resolve your incident/complaint informally and the responses to your efforts, if any.

With whom did you communicate?

Name _____, Designation _____,
Department _____, Date __/__/_____

7. Please mention the remedy you seek through this complaint

Respondent Name _____

Witness 1 _____

Position _____

Witness 2 _____

Department _____

Complainant Signature _____

Date ___/___/_____

(For Office Use)

Reference Number –

Date -