

For Office Use Only

Date Rec'd _____

Rec'd By _____

Complaint Report

Name of Complainant _____

Address: _____ Phone: _____

Email: _____

Department: _____

Supervisor: _____

Name of Alleged Aggressor: _____

Details of Complaint Incident: _____

Date: _____ Time: _____

Where: _____

Witnesses:

Name _____

Name _____

Name _____

Additional Persons with Knowledge:

Name _____

Name _____

Action or Resolution Sought: _____

Signature of Complainant _____ Date _____