



EMPLOYEE COMPLAINT/CONCERN FORM

The department of Human Resources encourages you to contact the Employee Relation Office if you have a complaint or concern, or experience a problem that effects you or your co-workers. We ask that you complete this form within five working days after the incident or problem first occurred. Human Resources will contact you as soon as possible.

Your name: _____ Date: _____

Status: Employee/Staff Other (specify): _____

Employee's Department: _____

Title/Position: _____

Phone Number where you can be reached: _____

Complaint/Concern Information:

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the specific act(s):

Are there others who have witnessed this behaviour or others who have experienced a similar concern or problem? If so, please provide their name(s) and phone numbers.

FOR HR OFFICE USED:

Remarks/Suggestion:

Signature:

Received/Responded by:

Position:

Date: