

COMPLAINT FORM

Date of Incident:	Time of Incident:	Date Reported:	Time Reported:
<input type="text"/>	<input type="text"/> am / pm	<input type="text"/>	<input type="text"/> am / pm

- Yes, I have tried to have a face-to-face discussion with the Respondent
- No, I have not tried to have a face-to-face discussion with the Respondent

Name of Complainant:

Name of Respondent:

Reason for Complaint:

(Please try to keep this statement to a few sentences - attach any other relevant materials to this form)

1. What happened?

2. Where did the situation occur?

3. Was anyone else involved?

5. Who else may know relevant information pertaining to this complaint?

6. Could the situation have been avoided, and how?

7. Do you have any evidence of the situation (emails, letters, videos, text messages, etc.)?

8. Do you have any other relevant facts or information you would like to add?

9. Have you and the other individual(s) had previous negative encounters which may have aggravated or escalated this situation/complaint?

10. What did you do to deescalate the situation?

Additional comments:

By signing below, I agree that the statements contained within this Complaint Form are accurate and truthful.

Complainant Signature: Date:

Manager Signature: Date:

To be completed by Management:

- Solutions/decisions have been communicated to all parties in writing
Date: _____
- The matter is resolved
- The matter requires: _____

Signed By:

Manager

Executive Director