

Job Title: Date of Complaint: I. Define your concern/complaint in the space below: II. What steps have you taken to resolve this situation?	EMPLOYEE CONCERN/COMPLAINT FORM	
Date of Complaint: I. Define your concern/complaint in the space below: II. What steps have you taken to resolve this situation? III. What steps have you taken to resolve this situation?	Name of Employee:	
I. Define your concern/complaint in the space below: II. What steps have you taken to resolve this situation? III. What steps have you taken to resolve this situation?	Job Title:	
II. What steps have you taken to resolve this situation? III. Moving forward, what would you like to see happen?	Date of Complaint:	
III. Moving forward, what would you like to see happen?	I. Define your concern/complaint in the space below:	
III. Moving forward, what would you like to see happen?		
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	II. What steps have you taken to resolve this situation?	
IV. Are you willing to participate in mediation? (If applicable to the situation)	III. Moving forward, what would you like to see happen?	
IV. Are you willing to participate in mediation? (If applicable to the situation)		
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Employee Signature:	Employee Signature:	



EMPLOYEE CONCERN/COMPLAINT FORM – CONTINUED		
Received by Executive		
Director on:		
Addressed with		
employee on:		
Resolution defined as:		
Desmanae cont to		
Response sent to		
employee on:		