

EMPLOYEE CONCERN/COMPLAINT FORM

Name of Employee:

Job Title:

Date of Complaint:

I. Define your concern/complaint in the space below:

II. What steps have you taken to resolve this situation?

III. Moving forward, what would you like to see happen?

IV. Are you willing to participate in mediation? (If applicable to the situation)

Employee Signature:

EMPLOYEE CONCERN/COMPLAINT FORM – CONTINUED

Received by Executive Director on:	
Addressed with employee on:	
Resolution defined as:	<hr/>
Response sent to employee on:	