

Employee Complaint Form Template

All questions are optional. Follow each question's directions.

Write your answers to the open questions in the space provided.

This demonstration does not submit a real complaint. Use your organization's approved reporting channel. All example fields are optional. Share relevant workplace facts only; avoid medical records, identity documents or unnecessary private details. Do not use this example for urgent assistance.

1. How would you describe the main workplace concern?

2. When did it occur, or over what period has it continued?

3. What workplace setting or process does the concern relate to?

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4. What relevant events or actions would you like the reviewer to understand?

5. Is there a reporting-route concern the team should consider?

- ☐ The usual recipient is involved
- ☐ I am unsure who should receive this
- ☐ I would prefer an alternative contact route
- ☐ No routing concern
- ☐ Prefer not to answer

6. What next step or outcome would you like to discuss?

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7. How, if at all, would you like an authorized reviewer to contact you?
