

# EMPLOYEE COMPLAINT FORM

To file a written complaint, please fill this form completely and submit it by hand delivery, fax, or mail to the Delegated Manager/Internal Complaint Committee.

Complainant Name \_\_\_\_\_ Respondent \_\_\_\_\_  
Designation \_\_\_\_\_ Designation \_\_\_\_\_  
Department \_\_\_\_\_ Department \_\_\_\_\_  
Telephone No \_\_\_\_\_

1. Date of the Incident \_\_/\_\_/\_\_\_\_\_

2. Complete description about the incident causing this complaint

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3. Explanation on how you have been harmed by this incident

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4. Are there others who may have witnessed this alleged harassment? If so, please provide their name(s).

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5. Are there others who may have experienced similar alleged harassment by the individual named above? If so, please provide their name(s).

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6. Please describe efforts, if any, you have made to resolve your incident/complaint informally and the responses to your efforts, if any.

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With whom did you communicate?

Name \_\_\_\_\_, Designation \_\_\_\_\_,  
Department \_\_\_\_\_, Date \_\_/\_\_/\_\_\_\_\_

7. Please mention the remedy you seek through this complaint

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Respondent Name \_\_\_\_\_

Witness 1 \_\_\_\_\_

Position \_\_\_\_\_

Witness 2 \_\_\_\_\_

Department \_\_\_\_\_

Complainant Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_

(For Office Use)

Reference Number –

Date -