

# Appendix A: Complaint Form Template

CONFIDENTIAL

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## Complainant Information

Name: \_\_\_\_\_

Employee ID/Student ID (if applicable): \_\_\_\_\_

Department/Division: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: ☐ Phone ☐ Email ☐ In-person ☐ Mail

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## Complaint Details

Date of Incident(s): \_\_\_\_\_

Time of Incident(s): \_\_\_\_\_

Location of Incident(s): \_\_\_\_\_

Name(s) of Individual(s) Involved:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of Complaint: ☐ Discrimination ☐ Harassment ☐ Retaliation ☐ Policy Violation ☐ Safety Concern ☐ Ethical Issue ☐ Other: \_\_\_\_\_

Detailed Description of Incident(s): Please provide a clear, factual account of what occurred. Include dates, times, locations, and any relevant background information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Impact/Effect: Please describe how this incident has affected you personally, professionally, or academically.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Witnesses and Evidence

Were there any witnesses to the incident(s)? ☐ Yes ☐ No

If yes, please provide witness information:

Name: \_\_\_\_\_ Contact Information:

\_\_\_\_\_ Relationship to Incident:

\_\_\_\_\_

Name: \_\_\_\_\_ Contact Information:

\_\_\_\_\_ Relationship to Incident:

\_\_\_\_\_

Do you have any documentation, emails, photos, or other evidence related to this complaint? ☐

Yes ☐ No

If yes, please describe or attach:

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## Previous Actions

Have you previously reported this issue or discussed it with anyone? ☐ Yes ☐ No

If yes, please provide details: Person/Department Contacted:

\_\_\_\_\_ Date: \_\_\_\_\_ Outcome:

\_\_\_\_\_

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## Desired Resolution

What outcome or resolution are you seeking?

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## Additional Information

Is there any other information you believe is relevant to this complaint?

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## Certification

I certify that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that providing false information may result in disciplinary action. I also understand that retaliation against individuals who file complaints in good faith is prohibited.

**Complainant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## For Office Use Only

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Initial Review Date:** \_\_\_\_\_

**Assigned Investigator:** \_\_\_\_\_

**Status:** ☐ Under Review ☐ Investigation Initiated ☐ Resolved ☐ Closed

**Notes:**

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## Instructions for Completion:

1. Complete all relevant sections of this form
2. Attach any supporting documentation
3. Submit to [Department/Office Name] within [timeframe] of the incident
4. Keep a copy for your records
5. You will be contacted within [timeframe] regarding next steps

**Contact Information:** [Department Name]

[Address]

[Phone Number]

[Email Address]

**Confidentiality Notice:** This complaint will be handled with appropriate confidentiality. Information will only be shared with individuals who have a legitimate need to know in order to investigate and resolve the complaint.