

| <b>Employee Concern/Complaint Form</b>  |                |                  |  |
|---|----------------|------------------|--|
| <b>Name of the Company:</b>   |                |                  |  |
| <b>Name of Employee:</b>  |                |                  |  |
| <b>Date of Complaint:</b>   |                |                  |  |
| <b>Circle One:</b>  | <b>CONCERN</b> | <b>COMPLAINT</b> |  |
| <b>Describe in detail, the nature of your complaint or concern, including names of all individuals involved, witnesses of the incident, and any proof you have about the complaint.</b> |                |                  |  |
|   |                |                  |  |
| <b>Give details about how the incident has affected your ability to work effectively.</b>   |                |                  |  |
|   |                |                  |  |
| <b>What actions could the company take to effectively deal with your concern or complaint?</b>  |                |                  |  |
|   |                |                  |  |
| <b>Describe what measures can be taken to avoid a repeat of your complaint.</b>   |                |                  |  |
|   |                |                  |  |
| <b>Provide any additional comments that would be helpful in dealing with your concerns or complaint.</b>  |                |                  |  |
|   |                |                  |  |
| <b>Employee Signature:</b>  |                | <b>Date</b>      |  |
| <b>For Office Use Only</b>  |                |                  |  |
| <b>Date Received:</b>   |                |                  |  |
| <b>Action Plan:</b>   |                |                  |  |
| <b>Completion Date:</b>   |                |                  |  |
| <b>Director Signature:</b>  |                |                  |  |

