

Human Resources Complaint Form

Format No. : _____ Rev. No.: _____ & Date: _____

Complaint Form No.: _____ Date: _____

Complaint by: _____ Department: _____

Designation: _____ Supervisor: _____

Complaint against – Name of Person: _____

Details of Complaint: _____

Evidence: _____

Doc. Attached: _____, _____, _____

Complaint Received by: _____ Sign: _____

Witness Name & Sign.: _____ Complaint by Sign: _____

Type / Nature of complaint: _____

Attended points on base of evidence & Witness:

Impact on works of person who complaint

Action Report No.: _____ & Date: _____

Authorized Sign: _____