



# Complaint Form

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

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

Telephone Number: \_\_\_\_\_

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

Please describe the nature of your complaint. This would be a brief description of the conduct that occurred, including dates, location, employee names and department:

Did the alleged act result in any personal harm to you? If so, please describe the alleged harm:

Were there any witnesses to the act? If so, please provide their names and contact information:

Please provide the remedy you are seeking:

*I certify the above statements to be true and factual to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



QUALITY  
PUBLIC SERVICE



INTEGRITY



EFFECTIVE  
COMMUNICATION