Employee Complaint Form

Employee Information	
Complaints involving immediate safety concerns, threats, violence, harassment, discrimination, retaliation, or other urgent issues should be reported as soon as possible using the appropriate emergency, supervisory, HR, or designated reporting process.	
Employee Name:	Department:
Phone:	Email:
Preferred method of contact: □ Phone □ Email □ In Person	
Reporting History	
Because this form is primarily submitted by email, employees should use this section to identify any prior reporting, routing concerns, or conflicts of interest that HR or the designated intake team should consider when receiving, assigning, or reviewing the complaint. If the complaint involves an employee's supervisor, chain of command, HR, the assigned reviewer, or another person who may create an actual or perceived conflict, the employee should clearly state that concern in the email or in this section so it can be addressed.	
Have you previously reported this issue? If yes, to whom and when?	Was the report made by email, in person, phone, or another method?
Did you avoid reporting through any person, department, or chain of command because of a conflict of interest, confidentiality concern, retaliation concern, or other reason? □ Yes □ No If yes, explain the concern and identify anyone who should not receive, review, or be assigned to this complaint:	
Complaint Details	
This complaint is about: □ Employee/Individual □ Department/Program □ Policy/Process □ Other:_____	
Name of person, department, program, policy, or process involved:_____	
Job title, role, or relationship to employee, if known:_____	
Person(s) involved or affected, including witnesses if known:_____	
Date(s) of incident or concern:	Location(s) of incident or concern:
Description of Incident(s)	
If more than one incident is involved, list each incident separately and attach additional pages if needed. Please describe each incident in as much detail as possible, including what happened, the date and time if known, where it happened, who was involved, who was present, what was said or done, and any other facts you believe are relevant.	

Supporting documents or evidence attached: □ Yes □ No If yes, describe:	Were there any witnesses? □ Yes □ No If yes, name(s) and contact information if known:
What outcome or resolution are you requesting, if any? Please understand that HR or the designated reviewer will determine appropriate next steps based on policy, available information, and applicable law.	
Submission Instructions	
Primary submission method	Submit the completed complaint form electronically by email to **NITEmployeeComplaint@nooksack-nsn.gov**. This is the primary submission method.
What to include	Attach the completed complaint form and any supporting documents. In the email, include the employee's name, department, phone number, email address, and preferred contact method.
If email is not available	If an employee is unable to submit electronically, the form may be submitted to the Human Resources Director or another designated intake recipient. Employees should request confirmation of receipt when submitting by a non-email method.
Confirmation of receipt	HR or the designated intake recipient will acknowledge receipt of the submitted complaint. HR will follow up with the employee who submitted the form to confirm that the complaint was received and accepted into the complaint review process.
Case number and next steps	HR will provide the assigned complaint/case number and any reasonably available confirmation information, including the expected next step or follow-up contact when appropriate.
Acknowledgments and Signature	
Confidentiality: Information related to this complaint will be shared only with individuals who have a legitimate business need to know who are involved in reviewing or responding to the complaint, or as otherwise required by applicable policy or law.	
I acknowledge that I am submitting this complaint voluntarily and in good faith. I attest that the information I have provided is true and accurate to the best of my knowledge, understanding, and belief. I understand that retaliation against an employee for making a good-faith complaint or participating in a related review or investigation is prohibited.	

I understand that I may be asked to provide additional information or participate in follow-up discussions as part of the review or investigation of this complaint.
I understand that this complaint process must be used honestly and in good faith. I further understand that knowingly providing false information, intentionally misrepresenting facts, making malicious or defamatory statements, or using the complaint process to retaliate against or harass another person may result in corrective action in accordance with the Employee Manual and applicable policies.
Date employee completed this form:_____ Employee Signature:_____ Date:_____

HR Internal Use Only	
Complaint/Case Number:	Date Received:
Time Received:	Received By / Title:
Method Received: □ Email □ In Person □ Mail □ Other:_____	
Preserve the original complaint form, supporting materials, intake notes, routing records, notices, investigation records, and final disposition documentation according to applicable records-retention requirements and internal policy.	
Intake Accountability Statement: By receiving this complaint, the HR representative or designated intake employee acknowledges that the complaint must be promptly logged, preserved, and handled in accordance with applicable policy. No employee may discard, alter, delay, conceal, discourage, or fail to route a complaint received through this process.	
Initial HR Action Taken	
□ Logged — Complaint received, assigned a case number, and entered into the complaint tracking process. □ Referred — Complaint referred to:_____ Reason:_____ □ Investigation Opened — Formal review or investigation initiated. Assigned to:_____ □ Other — Explain:_____	
Conflict of Interest Review	
Does the complaint involve HR, leadership, the assigned reviewer, the employee's chain of command, or another person who may create an actual or perceived conflict of interest? □ Yes □ No If yes, escalation/reassignment completed to:_____ Date:_____	
Status and Follow-Up	
Current Status: □ Open □ Pending Review □ Referred □ Investigation in Progress □ Closed Next Review/Follow-Up Date:_____ Assigned follow-up owner / title:_____ Target follow-up date:_____	
Employee Notification	
Employee acknowledgment and follow-up completed: □ Receipt acknowledged □ Complaint/case number provided □ Follow-up contact completed	

Follow-up details: Date:_____ Method:_____ HR Representative:_____	
Final Disposition	
Final Disposition/Outcome Summary:	
Reviewed/Closed By:	Date: