

**Head Start Consortium
Employee Complaint Form**

Employee: _____

Work Location: _____ Date complaint form completed: _____

Email Address: _____ Phone Number: _____

What is the complaint? (specific description of dispute, disagreement, or complaint, including, but not limited to names of involved parties, specific location of event(s), duration of event(s), outcome, reason for dissatisfaction)

Date action took place: _____ Time: _____ Location: _____

Specific policy alleged to have been violated: _____

Witnesses to Alleged Violation:	<u>Name</u>	<u>Position/Relationship</u>
	_____	_____
	_____	_____
	_____	_____

Suggested course of resolution for this situation: _____

Employee: _____ Date: _____
Signature

Complaint Submitted to: _____ Date Received: _____
Signature

Signature of Employee Indicating: _____ Date: _____
Resolution of Complaint Signature