

**HEAD START CONSORTIUM
EMPLOYEE REPORTING FORM**

Date: _____

Employee: _____ Email: _____

Work Location: _____ Phone Number: _____

Reporting Concern: *(Specific description of dispute, disagreement, or complaint, including names, location, duration, outcome and reason for dissatisfaction) (please attach additional sheets if necessary)*

Date of Concern: _____ Time: _____ Location: _____

(hallway, classroom, parking lot, etc)

Handbook Policy alleged to have been violated: _____

Witnesses to Alleged Concern:	<u>Name(s)</u>	<u>Position/Relationship</u>
	_____	_____
	_____	_____
	_____	_____

Signature: _____ Date: _____
(Employee)

HR DEPARTMENT

Received By: _____ Date: _____

HR Signature: _____ Date: _____