

2. Employer Complaint Form

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

Designation: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

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

Ph. No.: \_\_\_\_\_

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

Complaint Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

2. Please describe the incident in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If there are others who have witnessed the incident, please provide their names and phone numbers: \_\_\_\_\_

4. Is this the first time you have raised this concern about the person

Yes/No

Signature