# Complaint/Concern Intake Form

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| Date of This Report | Date of 1st Report/Concern | Name of Complainant |
|  |  |  |
| Name of Interviewer | | Location of Interview |
|  | |  |
| Date and Names of Any Persons Informed of the Concern from Complainant Prior to Interview | | |
|  | | |
| Full Details of Complaint (Who, What, When, Where) | | |
|  | | |
| Names of Known Witnesses | | |
|  | | |
| Potential Supporting Evidence (e.g., emails, photos, etc.) Included | | Yes  No |
| Description of Evidence Included | | |
|  | | |

**Complainant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Representative Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_