

Employee Complaint Form

Format No.:

Employee Name	Employee ID	Department
Nature of Works / Assigned Task		Co- worker Name
Complaint about?		
[] Management Concern	[] Salary / Wages / Over time	
[] Policy	[] Hygiene / Safety / Uncomforted	
[] Co-Worker	[] Equipment / Machinery etc.. malfunctions	
[] Supervisor	[] Management Concern	
[] Others...		
Specify... if Others...		

Description of Complaint

Problem shared to someone before? Or same are complained before?

Management takes effectively about your complaint?

Employee Signature

For Human Resource Use

Investigation of Complaint		
Facts		
Actions		
Investigator Signature	Human Resource – Executive	Manager – Human Resource