



Employee Name: [] Department / Division: []

Job Title: [] Supervisor's Name: []

Employment Status: [] Gender: [] Race: []

DOB: [] DOH: []

Nature of Complaint: (Describe what occurred- provide dates and times; provide as much detail as possible. Attach additional sheets if necessary.) Please return completed form to your Department/Division Head.

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Employee Signature: []

Date: []

Received By: []

Date: []

City Manager Receipt: []

Date: []