

## **Employee Complaint Form**

Your Name:	Date:
Title:	Phone Number:
Address:	
Complaint Information	on
Date of Incident:	Time of Incident:
Location of Incident: _	
Please describe the inc	cident in detail:
	o have witnessed the incident, please provide
their names and phon	e numbers below:
Is this the first time yo	u have raised this concern about this person?
Yes No	



Do you have any suggestions for	or resolving the complaint? If so, please
explain.	
Do you have any additional info	ormation or complaints? If so, please
explain.	
Signature:	Print Name:

The BGCGS' open door policy allows employees to share their questions, comments, concerns, or complaints with someone who can address them properly. In most cases, an employee's supervisor is the best person to address an area of concern. However, if you are not comfortable speaking with your supervisor, have a complaint against your supervisor, or are not satisfied with their response, you are encouraged to speak with or return this form to a Safe Point of Contact, CEO, Noam Zimin, or Director of Administration, Aya Bowman.

