



## Workplace Conflict: Employee Formal Complaint Form

This form is to be used by employees to initiate a formal complaint as outlined in the Magic City Employee Handbook, Employee Grievances Section

RETURN THIS FORM TO CHERNITA ZACHARY

This section is to be completed by the person filing the complaint:

Name of Complainant: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person (s) identified as part of or causing the conflict/workplace problem

Name (s) \_\_\_\_\_

\_\_\_\_\_ The problem or issue (please briefly describe / attach additional page if needed) Include the steps you have taken to solve the problem informally. Be sure to include your desired outcome or resolution of your complaint.

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Signature of Complainant: \_\_\_\_\_ Date \_\_\_\_\_

Please list the names of other people with information about the complaint or who have worked with you to try and resolve the issue:

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

Title: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

