

Torrance County Employee Complaint Form

Your Name: _____ Date: _____

Title: _____ Phone Number: _____

Status: Employee Customer

Other (Specify) _____

Department: _____

Address: _____

Complaint Information

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail:

If there are others who have witnessed the incident, please provide their names and phone numbers below:

Is this the first time you have raised this concern about this person?

Yes No

Do you have any suggestions for resolving the complaint? If so, please explain.

Do you have any additional information or complaints? If so, please explain.

Signature: _____

Print Name: _____