



# Employee Complaint Form

Complainant Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Statement of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relief Requested: \_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses? (If yes, please provide their names). \_\_\_\_\_  
\_\_\_\_\_

Is there any physical evidence that supports your complaint? If so, please describe or attach a copy of the evidence.  
\_\_\_\_\_  
\_\_\_\_\_

Do you allege illegal discrimination? If yes, what type of discrimination?  Yes  No, \_\_\_\_\_

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the City of Indianola deems relevant.

\_\_\_\_\_  
Signature Date

**Reporting Chain:**

Management Member	Date Management Received	Date Mgmt Discussed with Employee &/or Response Sent to Employee
Immediate Supervisor		
Department Head		
Human Resources		
City Manager		
City Attorney		