

## EMPLOYEE COMPLAINT FORM

The Department of Michigan Veterans of Foreign Wars take complaints by employees and others of discrimination, harassment, and unethical or unfair conduct as serious matters. So that we may thoroughly investigate your concern, you are requested to fill out this form as completely as possible. Please use additional sheets of paper where needed. You are not limited to the space provided. After a prompt and thorough investigation into your complaint, you will be notified of the Department's intended action. Should you have any questions about the process, please set them forth at the end of this form and we will do our best to answer them. Thank you.

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

Title or Position: \_\_\_\_\_

Department: Headquarters \_\_\_\_\_ Service Office \_\_\_\_\_ VFW Camp Trotter \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Your capacity: Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Intern \_\_\_\_\_ Vendor \_\_\_\_\_

Nature of Complaint: Harassment: Sexual \_\_\_\_\_ Racial \_\_\_\_\_ Religious \_\_\_\_\_ Other \_\_\_\_\_

Ethical \_\_\_\_\_ Conflict of Interest \_\_\_\_\_ Other \_\_\_\_\_

Date of the incidents (s): \_\_\_\_\_

Location of the incident(s): \_\_\_\_\_

1. Please describe in as much detail as possible the nature of your complaint.

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2. Please identify all known persons and witnesses with knowledge of your complaint and provide their contact information: name, address, phone, email address.

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