## **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 o	r Position:						
Depart	ment: Headquarters	Service Office	ce	VFW Ca	mp Trott	er	
Name	of Supervisor:						
Your c	apacity: Employee	Volunteer	Inte	ern	Vendo	r	
Nature	of Complaint: Harassment	: Sexual	Racial	Relig	gious	Other _	
Ethical	l Conflict of Interest	Other					
	f the incidents (s):						
	on of the incident(s):						
	Please describe in as much detail as possible the nature of your complaint.						
		•			•	•	
2.	Please identify all known persons and witnesses with knowledge of your complaint and provide their contact information: name, address, phone, email address.						

3.	Please provide or identify any known documents or other evidence that support your complaint.					
4.	Please describe how the actions you complain about have affected your ability to do yo job.					
5.	Please provide any additional comments or information you wish us to know to investigate your complaint.					
ecla	are that the facts set forth in this	complaint form are true and accu	ırate.			
	Printed name	Signature	Date			
is co	omplaint form was received by	:				
	Printed name	Signature	Date			