Formal Complaint Form

Complainant		Offending Party	
Your Full Name:		**Full Name of Individual:**	
Your Department / Position:		**Department / Position of Individual:**	

1. Please describe the nature of the allegations:

_____
_____
_____
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2. Please describe the details of the incident including:
   a. What, when (approximate time and date), and where the incident happened;
   b. If there were any witnesses and their respective role;
   c. How did you react to the incident?

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Document Name: Formal Complaint Form
Document Number: ADM-F150
Revision #1   **NOTE: Revisions to this document can be made following procedures outlined in Document #ADM-P014 – Document Control Policy and Procedures**

Revision Date: June 05, 2019
Approved by: Tom Snell
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3. If applicable describe any incidents that took place previously:

Incident	Date	Time / Place	Witnesses

4. If there have been any previous attempts to resolve this issue, please list them below:

_____
_____
_____
_____
_____

5. What do you feel would be the most appropriate resolution?

_____
_____
_____
_____
_____

6. Please attach any supporting documentation (if applicable). For example, emails, screen shots of communications, etc.

The information on this form will only be disclosed to those required to know for the purposes of an investigation. In order to maintain confidentiality and ensure a fair investigation is conducted, employees filing a complaint are asked to refrain from discussing their complaint with those not directly involved in the investigation.

Acknowledgement:

I hereby certify that to the best of my knowledge the abovementioned information is true, accurate and complete. I understand that making false or frivolous allegations is in violation of Columbia College's Conflict Resolution Policy and in doing so I understand I may be subject to disciplinary action up to and including termination of employment.

_____

Signature of the complainant

_____

Date

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