



Employee Complaint/Concern Form

The City of Decatur encourages you to contact the Human Resources Director if you experience a problem that affects you or your co-workers. Complete this form within five working days after the incident or problem first occurred. Human Resources will contact you as soon as possible.

Your name: _____ Date: _____

Department: _____ Title: _____

Address: _____

Phone Number where you can be reached: _____

Complaint/Concern Information:

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Please describe the specific act(s):

Are there others who have witnessed this behavior or others who have experienced a similar concern or problem? If so, please provide their name(s) and phone numbers.

For Human Resources' coordination of response, please advise if you have raised this complaint/concern with your Supervisor, Manager, Department Head or City Manager. Yes No (circle one)

Do you have any suggestion for proposed action to address or resolve the complaint/concern?

Do you have any additional information or comments?

Please return the completed form to Human Resources.