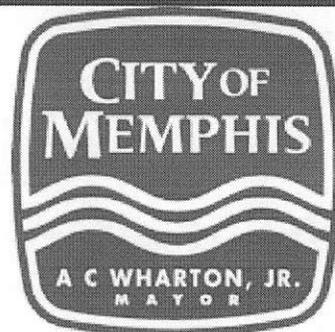


EMPLOYEE COMPLAINT FORM



The City of Memphis takes employee complaints of safety violations, discrimination, harassment, and unethical or unfair conduct as serious matters. So that we may properly investigate your concern, you are requested to fill out this form as completely as possible. Please use additional sheets of paper where needed. After a prompt and thorough investigation into your complaint, you will be notified of the outcome. Should you have any questions about the process, please include them at the end of this form and we will do our best to address them. Thank you.

Employee Name(not required)		Title (not required)	
Department (not required)		Supervisor Name(not required)	

1. Please describe in as much detail as possible the nature of your complaint. Please provide or identify all known persons, documents and witnesses to your concerns.

2. Please describe how the actions you complain about have affected your ability to perform your job safely.

3. Please describe any positive solutions you believe can help resolve your complaint.

4. Please provide any additional comments you wish the City of Memphis to consider when investigating your complaint.

Employee Signature _____
 (if applicable)

Date _____