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CITY OF CENTRAL FALLS
HUMAN RESOURCES DEPARTMENT

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Employee Complaint Form

It is the City's policy to investigate all employee complaints and take appropriate action. Please use this form to document your complaint, and submit it to the Human Resources Department.

The person(s) involved in this complaint are:

Note all relevant dates, places, events, etc. pertaining to the complaint: (Use second sheet if necessary.)

What actions are you asking that the City take in order to effectively deal with your complaint?

It may become necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint.

I acknowledge that I have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation of this complaint. Should it become necessary, I authorize the city to disclose my identity and/or details of this complaint.

You may also chose to file this complaint anonymously, in which case, please leave the section below blank.

Your Name: _____ Department: _____

Signature: _____ Date: _____

HR Representative: _____

Signature: _____ Date: _____