

Do Not Scan into OnBase

Complaint Form

Date _____

Name of complainant _____

Telephone number of complainant _____

Address of complainant _____

Basis of complaint: Discrimination Unprofessional conduct

Statement of complainant:

(Give full details, including name of employee complained about. If name is not known, give complete description of employee. Also list names of other persons who may know of the alleged action.)

I wish to report that on (date)_____ at (time)_____

ESD employee (name)_____

of the (check one) state office
 district office (name of district)_____

(continue your statement below)

Signed (complainant): _____

Witness (person receiving complaint): _____

Date Reviewed _____

By (Div./Dist. Dir.) _____

Date Reviewed _____

By Commissioner _____