

Please identify all employees or others who witnessed and/or have any knowledge of the complaint of conduct, describing what was witnessed and/or the nature of such knowledge:

PLEASE ANSWER THE FOLLOWING QUESTIONS: Yes: No:

Are there any documents, which contain information, supporting your complaint?	___	___
Is there any physical evidence which supports your complaint?	___	___
Have you missed any work time as a result of this incident?	___	___
Have you incurred any medical expenses?	___	___
Have you previously complained about this or related acts thereof to a County supervisor or any other County official?	___	___

If you answered yes, please identify the person(s) to whom you complained, the date(s) and the place:

What is your requested remedy as to this complaint?

(Print your name) (Signature) Date: _____

PERSONAL & CONFIDENTIAL CONTACT INFORMATION

Your Name: _____

Home Telephone Number: [____] _____

Work Telephone Number: [____] _____

Cell Phone Number: [____] _____

E-mail Address: _____

Home Address: _____
