**Employee Misconduct Complaint Form**

**1. Employee Filing the Complaint**

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Job Title:** |  | **Department:** |  |
| **Employee ID:** |  | **Phone/Email:** |  |

**2. Employee Accused of Misconduct**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Job Title:** |  | **Department:** |  |
| **Employee ID (if known):** |  |  |  |

**3. Type of Misconduct (Check all that apply)**

☐ Violation of company policy  
☐ Harassment (verbal/physical)  
☐ Discrimination  
☐ Workplace bullying  
☐ Safety violation  
☐ Theft or fraud  
☐ Insubordination  
☐ Attendance/Time abuse  
☐ Misuse of company property  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Details of the Incident**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Incident:** |  | **Time:** |  |
| **Location:** |  | | |

**Describe the misconduct in detail:**  
(Include what happened, who was involved, and any actions taken.)

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**5. Witness Information (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Witness Name(s):** |  | | |
| **Department:** |  | **Contact Information:** |  |

**Witness Statement (if available):**

|  |
| --- |
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|  |

**6. Evidence Attached (Check if included)**

☐ Emails or messages  
☐ Photos or videos  
☐ Documents  
☐ Audio recordings  
☐ Written statements  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Previous Related Incidents**

(If this is not the first time misconduct occurred.)

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**8. Desired Resolution**

(What outcome are you seeking?)  
☐ Investigation  
☐ Mediation  
☐ Disciplinary action  
☐ No-contact order  
☐ Counseling/Training  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Declaration**

I hereby declare that the information provided in this form is true and accurate to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. For Official Use Only (HR/Management Section)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By:** |  | **Date Received:** |  |
| **Case/Reference Number:** |  | **Action Taken:** |  |
| **Follow-Up Date:** |  |  |  |

**HR/Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_