**Misconduct Complaint Form**

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | | |
| Job Title |  | Department |  |
| Employee ID |  | Contact Number |  |
| Email Address |  |  |  |

1. **Complaint Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident |  | Time of Incident |  |
| Location |  |  |  |
| Type of Misconduct *(tick all that apply)* | ☐ Harassment ☐ Bullying ☐ Discrimination ☐ Policy Violation ☐ Safety Violation ☐ Ethical Misconduct ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

1. **Individuals Involved**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role (Complainant / Accused / Witness)** | **Department** | **Contact** |
|  |  |  |  |
|  |  |  |  |

**D. Description of the Incident**

**Provide a detailed description of the misconduct. Include facts, actions, words used, and the sequence of events.**

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**E. Evidence Submitted**

*(Tick all that apply and attach copies)*

* ☐ Emails / Messages
* ☐ Photos / Videos
* ☐ Documents
* ☐ Witness Statements
* ☐ Audio Recordings
* ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. Impact of the Misconduct**

Describe how the incident has affected you or the workplace (emotional, physical, productivity, safety, etc.)

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**G. Previous Related Incidents (If Any)**

Include dates, people involved, and previous reports.

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**H. Desired Resolution**

What action do you expect HR or management to take?

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**I. Declaration**

I hereby declare that the information provided above is true, accurate, and complete to the best of my knowledge.

| **Signature** | **Date** |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**J. For HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Received By |  |
| Case Reference Number |  | Assigned HR Officer |  |
| Investigation Notes |  | Action Taken |  |
| Case Status | ☐ Open ☐ Under Investigation ☐ Closed | | |