**Retaliation Complaint Form**

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Maria Johnson | Job Title | Customer Service Associate |
| Department | Support Services | Employee ID | 44218 |
| Contact Number | +1 555-893-2221 | Email | maria.j@company.com |

1. **Complaint Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Complaint** | Retaliation / Victimization | **Date of Incident(s)** | 05–10 March 2025 |
| **Location of Incident(s)** | Main Office – Floor 2 |  |  |

**3. Description of Retaliation**

**Describe in detail what happened (actions, words, behaviors):**  
*Sample:*

After I reported a harassment incident to HR on February 20, my supervisor reduced my shifts, excluded me from team meetings, and gave negative feedback without explanation.

1. **Related Prior Complaint**

|  |  |  |  |
| --- | --- | --- | --- |
| Did this occur after you filed a previous complaint? (Yes/No) | Yes | Type of Previous Complaint | Harassment Complaint |
| Date Filed | 20-Feb-2025 | Person/Department Complaint Was Filed With | HR Department |

1. **Individuals Involved**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Role in Incident** |
| David Larson | Supervisor | Alleged Retaliator |
|  |  |  |

1. **Witnesses (If Any)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Department** | **Contact** |
| Anna White | Support Services | anna.w@company.com |
|  |  |  |

**7. Evidence Provided**

(Attach emails, messages, screenshots, documents, etc.)

|  |  |  |
| --- | --- | --- |
| **Evidence Type** | **Description** | **Sample Entry** |
| Email | Shift reduction email from supervisor | Attached |
| Screenshot | Exclusion from meeting invite | Attached |

**8. Impact of Retaliation**

Describe how the retaliation affected your work, performance, or well-being.

*Sample:*

The shift reduction affected my income, and the exclusion from meetings makes it harder to perform my job effectively.

**9. Desired Resolution**

Describe how you would like the issue to be resolved.

*Sample:*

Restore my original schedule, ensure fair treatment, and take corrective action against retaliation.

**10. Employee Declaration**

I declare that the information provided in this complaint is true and complete to the best of my knowledge.

| **Name** | **Signature** | **Date** |
| --- | --- | --- |
|  |  |  |

**11. HR / Management Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Received By |  |
| Case Number |  | Initial Assessment |  |
| Investigation Assigned To |  | Findings Summary |  |
| Action Taken |  | Case Closed On |  |