

**Personal Detail**

Name : \_\_\_\_\_

Title : \_\_\_\_\_

Department : \_\_\_\_\_

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

**Complaint Information**

Date of incident : \_\_\_\_\_

Time of incident : \_\_\_\_\_

Location of incident : \_\_\_\_\_

Please describe the incident in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are others who have witnessed the incident, please provide their names below:

\_\_\_\_\_

Is this the first time you have raised this concern about this person?

Yes       No

I fully acknowledge that the above information are true and correct based on the events and facts I know. I also understand that I have the obligation and shall take full responsibility to cooperate in the investigation of this matter.

\_\_\_\_\_  
Employee's Signature