



**NOLI INDIAN SCHOOL**  
P.O. Box 700 • San Jacinto CA 92581-0700  
(951) 654-5596 • Fax (951) 654-7198



## EMPLOYEE COMPLAINT FORM

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Status: ☐ Employee ☐ Faculty ☐ Customer  
☐ Other (Specify) \_\_\_\_\_

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

Address: \_\_\_\_\_

### 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 and phone numbers below:

---

---

---

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

☐ Yes ☐ No



**NOLI INDIAN SCHOOL**  
P.O. Box 700 • San Jacinto CA 92581-0700  
(951) 654-5596 • Fax (951) 654-7198



Do you have any suggestions for resolving the complaint? If so, please explain.

---

---

---

Do you have any additional information or complaints? If so, please explain.

---

---

---

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_