



EST. JUNE 19, 1883

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: _____

Date: _____

Title: _____ Phone Number: _____

Phone Number: _____

Status: Employee Faculty Customer

Other (Specify)

Department: _____

Address: _____

Complaint Information

Date of Incident: _____ Time 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



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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: _____