



Office of Human Resources Employee Complaint Form

Instructions: Complete form in its entirety and submit along with supporting documentation via email to the Office of Human Resources, Employee Relations & Compliance unit at djhr.employeerelations@djj.state.ga.us.

Employee Name:	Employee ID #:
Job Title:	Division/Office/Facility:
Phone #:	Email Address:

Complaint Information

Date of Occurrence:	Have you discussed the issue with your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Discussion:
---------------------	--	---------------------

Supervisor's Name:	Supervisor's #:
--------------------	-----------------

Nature of Complaint

<input type="checkbox"/> Unlawful Discrimination	<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Hostile Work Environment
<input type="checkbox"/> Unsafe Working Conditions	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other:

Please describe, in detail the issue(s) and/or event(s) that led to filing a complaint, also include date(s), time(s), location(s) and names of any individuals involved:

Has this occurrence negatively affected your employment? No Yes
If Yes, How?

Relief Requested (*indicate the action(s) that would resolve your complaint*):

Employee Acknowledgement

I acknowledge and understand that my signature indicates that all information included on this form and in supporting attachment(s) is true and accurate to the best of my knowledge. I also understand that any false claim(s) made by me may result in disciplinary action, up to and including termination.

Employee Signature: _____ **Date:** _____