

Complaint

Form



RESERVED FOR THE INTEGRITY OFFICER

File number: _____

Received by: _____

Date: _____

1. IDENTITY OF THE COMPLAINANT						
Status	Employee <input type="checkbox"/>	Management <input type="checkbox"/>	Client <input type="checkbox"/>	Supplier <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/>
Name	_____					
Address	_____					
Telephone	_____	E-mail	_____			
Have you ever had a business relationship with _____?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you ever worked with the employee named in your complaint?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
How should we contact you?			Tel. <input type="checkbox"/>	Cell. <input type="checkbox"/>	E-mail <input type="checkbox"/>	Ext. <input type="checkbox"/>
2. IDENTITY OF THE PERPETRATOR OF THE WRONGFUL ACT						
Status	Employee <input type="checkbox"/>	Management <input type="checkbox"/>	Client <input type="checkbox"/>	Supplier <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/>
Name	_____					
3. INFORMATION CONCERNING THE COMPLAINT						
Nature of the complaint						
Financial information and accounting	<input type="checkbox"/>	Damage to property or the person	<input type="checkbox"/>			
Health and safety, environment	<input type="checkbox"/>	Theft, misconduct, fraud	<input type="checkbox"/>			
Unethical conduct of conflict of interest	<input type="checkbox"/>	Violation of laws, regulations, policies and procedures	<input type="checkbox"/>			
Manipulation or falsification of data	<input type="checkbox"/>	Other:	_____			

COMPLAINT form



INFORMATION CONCERNING THE COMPLAINT

Please describe the facts. If there is not enough space, please attach an additional sheet:

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Date of the event		Location of the event	
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Repeat event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Witnesses	Title	Title
	Contact information	Contact information

How can we contact these witnesses?	Tel.	Tel.
	E-mail	E-mail

PROOF

(If possible, please attach proof with this complaint form; a photocopy is sufficient, and you may keep the originals.)

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Your expectations concerning the actions to take (optional)

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I, the undersigned, _____ hereby attest that the information cited on this form is true, and I agree to have this form forwarded to the Administrator or the authorities responsible for conducting the investigation in response to this complaint.

And I signed at _____, on _____

Signature: _____