



Respectful Workplace Complaint Form

Name: _____

Date: _____

Summary of Concern(s):

Summary of any documentation related to allegation(s) (please include with complaint):

Witnesses (list names as well as what relevant information they may know):

This form acknowledges receipt of a complaint made under the Respectful Workplace policy (HR/LR Policy #1432). Responsible authorities will review the complaint to determine whether an investigation is warranted. If an investigation proceeds, it will be conducted in a timely, fair, and objective manner.

Investigations and other actions taken in response to this complaint are subject to any applicable processes under applicable collective bargaining agreements and plans, including applicable review and/or appeal procedures.

All data associated with this complaint, including any investigation and any outcome, are government data. The release or non-release of this data is governed by the Minnesota Government Data Practices Act (MGDPA).

Complaint received by: _____ Date complaint received: _____

Phone: _____