

Hostile Work Environment Complaint Template

Employee Name:

Department/Position:

Date of Report:

Supervisor/Manager:

Complaint Details

Please provide a detailed description of the incident(s):

Date(s) and time(s) of incident(s):

Name(s) of person(s) involved:

Witnesses (if any):

Impact

Describe how this has affected your work and well-being:

Action Requested

What action would you like the company to take?

Signature:

Date:
