

HR COMPLIANT FORM

Format No. : _____ **Rev. No.:** _____ **& Date:** _____

Complaint Form No.: _____ Date: _____

Complaint by: _____ Department: _____

Designation: _____ Supervisor: _____

Complaint against – Name of Person: _____

Details of Complaint: _____

Evidence: _____

Doc. Attached: _____ , _____

Complaint Received by: _____ Sign: _____

Witness Name & Sign: _____ Compliant By Sign: _____

Type/Nature of Compliant: _____

Attended points on base of evidence & Witness:

Impact on works of person who complaint

Action Report No.: _____ & Date: _____

Authorized Sign: _____