

DEPARTMENT OF HUMAN RESOURCES CITY OF NEW HAVEN

200 Orange Street, New Haven, CT 06510, (203) 946-8252, (203) 946-7166 fax, www.yourname.com

City of New Haven Employee Complaint Form

Instructions: Lorem Ipsum is simply dummy text of the printing and typesetting industry. Lorem Ipsum has been the industry standard dummy

INDIVIDUAL FILING COMPLAINT:

Name:	
Mailing address:	
Phone number, home:	
Phone number, work:	
Current job title:	
Department:	
Work location:	
How long have you worked for the City of New Haven?	

Have you filed an official complaint with any other agency or commenced a private legal investigation?

Yes No

If YES, with whom was the action commenced? _____

At what stage is this action? _____

Have you attempted to resolve this matter by discussing it with someone else (management, union, EAP) ?

Yes No

If YES, please provide details: _____

COMPLAINT FILED AGAINST:

Name: **Adam Johnson**

Title: **Manager**

Department: **Export Devilment**

Work location: **New Haven**