

# 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](http://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**