

## Employee Complaint

### Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Details

Description: (Please be as detailed as possible including dates, times and persons present.)

How do you feel this situation can be improved?

By signing this form, you confirm that the information you have given is truthful.

\_\_\_\_\_  
Employee  
Signature

\_\_\_\_\_  
Date

**Please return this form to the Human Resources Department: [ng.wv.wvarng.list.ma-hro@army.mil](mailto:ng.wv.wvarng.list.ma-hro@army.mil)  
or via fax 304-561-6321**