

# Complaint

## Form



### RESERVED FOR THE INTEGRITY OFFICER

**File number:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. IDENTITY OF THE COMPLAINANT						
<b>Status</b>	Employee <input type="checkbox"/>	Management <input type="checkbox"/>	Client <input type="checkbox"/>	Supplier <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Name</b>	_____					
<b>Address</b>	_____					
<b>Telephone</b>	_____	<b>E-mail</b>	_____			
Have you ever had a business relationship with _____?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Have you ever worked with the employee named in your complaint?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
How should we contact you?		Tel. <input type="checkbox"/>	Cell. <input type="checkbox"/>	E-mail <input type="checkbox"/>	Ext. <input type="checkbox"/>	
2. IDENTITY OF THE PERPETRATOR OF THE WRONGFUL ACT						
<b>Status</b>	Employee <input type="checkbox"/>	Management <input type="checkbox"/>	Client <input type="checkbox"/>	Supplier <input type="checkbox"/>	Partner <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Name</b>	_____					
3. INFORMATION CONCERNING THE COMPLAINT						
Nature of the complaint						
Financial information and accounting	<input type="checkbox"/>	Damage to property or the person	<input type="checkbox"/>			
Health and safety, environment	<input type="checkbox"/>	Theft, misconduct, fraud	<input type="checkbox"/>			
Unethical conduct of conflict of interest	<input type="checkbox"/>	Violation of laws, regulations, policies and procedures	<input type="checkbox"/>			
Manipulation or falsification of data	<input type="checkbox"/>	Other:	_____			

# COMPLAINT form



INFORMATION CONCERNING THE COMPLAINT			
Please describe the facts. If there is not enough space, please attach an additional sheet :			
<b>Date of the event</b>		<b>Location of the event</b>	
<b>Repeat event?</b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>Witnesses</b>	Title	Title	
	Contact information	Contact information	
<b>How can we contact these witnesses?</b>	Tel.	Tel.	
	E-mail	E-mail	
<b>PROOF</b>			
(If possible, please attach proof with this complaint form; a photocopy is sufficient, and you may keep the originals.)			
<b>Your expectations concerning the actions to take (optional)</b>			

I, the undersigned, \_\_\_\_\_ hereby attest that the information cited on this form is true, and I agree to have this form forwarded to the Administrator or the authorities responsible for conducting the investigation in response to this complaint.

And I signed at \_\_\_\_\_, on \_\_\_\_\_

Signature: \_\_\_\_\_