



CITY OF RED BLUFF

555 Washington Street Red Bluff, California 96080 (530) 527-2605 Fax (530) 527-7036 www.cityofredbluff.org

Employee Complaint Form

Name of the Complainant:

(Leave blank if reporting anonymously)*

Best phone number to reach you at:

Name of the Accused:

Relationship of the Accused to the Complainant (manager, co-worker, client, etc.):

Date of Incident:

Where did the specific event occur?

Please explain the events that occurred.

How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?

Describe the harm you have suffered as a result of the event.



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Were there any witnesses to this specific event? (If yes, please provide their names.)

Is there any physical evidence that supports your complaint? If so, please describe or attach copy of evidence.

What is your desired outcome of an investigation?

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the City of Red Bluff deems relevant (*leave signature blank if reporting anonymously*).

Signature: _____

Date: _____

**If reporting anonymously, please be aware that the City may not be able to investigate the incident fully to a conclusion, nor follow-up with you on the results.*

Please return this form to Human Resources at hr.redbluff@cityofredbluff.org or to our offices located at City Hall. You may also call 530-527-2605 ext. 3051 or 3073 for more information.