



City of Belen Employee Complaint Form

It is the policy of the City of Belen to investigate all complaints and take appropriate action. Please use this form to document your complaint, and submit it to the Office of Human Resources.

The person(s) involved in this complaint are:

Please note all relevant, dates, places, events, etc. pertaining to the complaint: (Use a second sheet if necessary.)

If you believe, this incident was based on discriminatory, bullying or harassing behavior, please check all that apply to the incident.

Sex ___ Age ___ Color ___ Creed ___ National Origin ___ Race ___ Religion ___

Marital Status ___ Gender Identity ___ Physical Attributes ___ Ancestry ___

Family Status ___ Disability ___ Political Belief ___ Political Party Preference

Socioeconomic Status ___ Retaliation ___ Other ___

Have you reported this incident to your supervisor? Yes ___ No ___ If yes, what was the outcome? _____

If no, why not? _____

It may become necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity or the details and nature of the complaint. I acknowledge that I

have read this document and understand my obligation to provide information as needed and to cooperate fully and completely with any investigation of this complaint. Should it become necessary, I authorize the City of Belen to disclose my identity and/or details of this complaint if necessary, to those with a need to know.

I agree that all information provided on this form is accurate and true to the best of my knowledge.

Signature _____ Date: _____

Received by: _____ Date: _____

Investigation Completed by: _____

Outcome of the Investigation: _____
