



# General Complaint Form

File# \_\_\_\_\_  
Record # ICR \_\_\_\_\_

**Note: To the person making the complaint:** This form should be completed, dated and signed by the person making the complaint of a minor or a serious breach.

## Details of the Person Making the Complaint:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number:  
(home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

## Complaint:

Name of the Manager / Department the complaint is related to:  
\_\_\_\_\_

Date of the Incident: \_\_\_\_\_

Details of the Incident / Report: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Receiving Officer Name (print): \_\_\_\_\_