

# Complaint Investigation Worksheet

Directions: Use this worksheet to document the receipt, investigation, and resolution of formal complaints. This document is intended for internal record-keeping and printing.

## 1. General Case Information

Case / Reference Number:	<input type="text"/>	Date Complaint Received:	<input type="text" value="YYYY-MM-DD"/>
Investigator Name:	<input type="text"/>	Investigator Title:	<input type="text"/>
Department/Division:	<input type="text"/>		

## 2. Complainant Information

Complainant Name:	<input type="text"/>	Relationship to Org:	<input type="text" value="Employee, Customer, Public, etc."/>
Job Title (if employee):	<input type="text"/>	Department (if employee):	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

## 3. Subject / Respondent Information

Subject Name:	<input type="text"/>	Relationship to Org:	<input type="text"/>
Job Title:	<input type="text"/>	Department:	<input type="text"/>

## 4. Complaint Details & Allegations

Date of Incident:	<input type="text" value="YYYY-MM-DD"/>	Location of Incident:	<input type="text"/>
Nature of Complaint / Specific Allegations:			
<input type="text" value="Allegation 1"/>			
<input type="text" value="Allegation 2"/>			
<input type="text" value="Allegation 3"/>			

## 5. Witnesses Identified & Interviewed

Witness Name	Contact Information	Date Interviewed & Key Statements
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6. Evidence Collected

(e.g., Emails, Security Footage, System Logs, Documents)

<input type="text"/>
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Evidence Item ID / Name	Source	Description & Relevance
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 7. Investigation Findings & Determination

<b>Investigation Finding:</b>	<input type="text" value="Substantiated / Unsubstantiated / Inconclusive"/>
<b>Summary of Findings (Justification of determination):</b>	
<input type="text"/>	
<input type="text"/>	

### 8. Recommended Corrective Action Plan

Action Item	Responsible Party	Target Date
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="YYYY-MM-DD"/>

### 9. Signatures and Approval

<b>Investigator Signature:</b> <input type="text" value="Sign Name"/> <b>Date:</b> <input type="text" value="YYYY-MM-DD"/>	<b>Reviewer/Approver Signature:</b> <input type="text" value="Sign Name"/> <b>Date:</b> <input type="text" value="YYYY-MM-DD"/>
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