



**EMPLOYMENT PLAN COMPLAINT FORM**

EMPLOYMENT PLAN OFFICER

Name (optional): \_\_\_\_\_ Occupation/Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Department Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
 Location of Incident: \_\_\_\_\_  
 Subject of Complaint: Employee: \_\_\_\_\_ Applicant: \_\_\_\_\_ Other: \_\_\_\_\_

Describe the incident in full detail:

*If more space is required, please use the reverse side of this form and **provide any documentation that may support your complaint.***

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Were any Cook County Employees Involved? Yes: \_\_\_ No: \_\_\_

*If yes, list names and work locations or department(s):*

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

Did anyone witness the incident or does anyone have knowledge of the incident? Yes: \_\_\_ No: \_\_\_

*If yes, list names and phone numbers if available:*

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Has this incident been reported to any other Cook County Agency or Department? Yes: \_\_\_ No: \_\_\_

Name of Agency/Department: \_\_\_\_\_ Name of Contact: \_\_\_\_\_  
 Date of Report/Contact: \_\_\_\_\_

I certify that the information I have provided is true and accurate to the best of my ability and belief.

Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: _____	Date: _____
Incident Report Number: _____	