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| COMPLAINT FORM REGARDING STATE CONTRACTORS | | | | |
| **COMPLAINT RECEIVED:** | | Date: | Time: AM PM | |
| Taken By: | | |
| **Who** | **Person Making the Complaint** | Agency: | | |
| Name: | | Phone #: |
| Email: | | |
| **Complaint Against** | Contract Title: | | |
| Contract Number:  (if known) | | |
| Contractor Name: | | |
| Employee Name:  (If Applicable) | | |
| **Description of Complaint** | WHO:  Who was involved in the incident? |  | | |
| WHAT:  Other details relevant to incident. |  | | |
| WHEN:  Date and Time of when incident took place. |  | | |
| WHY:  What caused the incident? |  | | |
| HOW:  How did it occur? |  | | |
| ACTION TAKEN: | |  | | |
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| Agency Signature |  | Contractor Signature |